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# The Public Health Nurse

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Number 6

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# The PUBLIC HEALTH NURSE

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*Official Organ of The National Organization for Public Health Nursing, Inc.*

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## S. LILLIAN CLAYTON

Miss Clayton's death brings all nurses nearer together. Her goals for the profession, her spirit in trying to reach these goals, seem now even more real, more vivid, more to be shared by all. Any attempt to evaluate what Miss Clayton stood for seems to find little adequate expression in the long list of her definite activities and accomplishments related to the development of the nursing profession during the last 30 years. The offices, local, state and national, which she has held, while often the medium through which she has worked, also seem but external to her greatest gift to the profession and to all of those from the many varying walks of life who came in contact with her.

To know and to share in the work of someone whose life is consecrated is a privilege rarely granted to any of us. Such a privilege has come directly to many thousands of nurses all over this country through their contact with Miss Clayton. Her spirit has illumined and pervaded the lives and work of all associated with her. In a most exceptional way she combined the sense of dedication to a cause, such as

one feels must have been the actuating force in those members of the early religious orders who were the fore-runners of the nursing profession, with a universality of interest that extended to all that even remotely related or contributed to the cause.

Her work seemed a religious expression which transcended any limitations. Faith, courage and determination were uniquely brought together in Miss Clayton. When, after careful consideration, she decided upon the soundness of a program, the essential rightness of an action, or a goal to be reached, it could be, and, therefore, was, accomplished. Insurmountable obstacles ceased to be insurmountable, the doubts or opposition of others faded into insignificance—and actually faded because something greater in spirit overshadowed them.

Public health nursing has always been one of her greatest interests. For her there were no lines of demarcation between any members of the profession. Study and experience made some individuals better equipped in certain lines, but the problems, opportunities, and responsibilities of the pro-

fession belonged to all. Miss Clayton considered herself a public health nurse and locally and nationally public health nurses have felt honored in so claiming her. To her, public health nurses and the agencies with which they worked had much to contribute to nursing education, and she seized every opportunity that came through her many connections to give practical evidence of this reciprocal relationship between public health nursing and nursing education. Undergraduate affiliation with public health nursing agencies she felt essential to a well-rounded basic preparation and in developing her own curriculum in the School of Nursing, the public health approach was ramified throughout so that it was a pleasure to

have her graduates enter this special field. How often have we said or heard it said in public health nursing circles "Let us talk it over with Miss Clayton. She is sure to understand and it would help to have her judgment." And it always did help! She had that rare ability of giving to all and learning from all.

Such a spirit does not die. Possibly because she will not be with us as she has been we will be more aware, and therefore ourselves partake more, of this spirit. Already one feels a sense of a heritage left to each member of the profession. The same faith, courage and determination can be ours. And so her spirit attains immortality.

*Katharine Tucker*

#### FIRST INTERNATIONAL CONGRESS ON MENTAL HYGIENE

Washington, D. C., May 5-10, 1930

Public health history was made this week. More than four thousand men and women from fifty-three countries of the world have met together, dined together, talked together with the common purpose of furthering the cause of mental hygiene. In an age of meetings, conferences, and conventions, this week will stand apart in history as the first great international gathering of its kind, and the birthday of the International Committee for Mental Hygiene. The organization of this formal group will assure future international meetings at five year periods, and will serve as a concrete medium through which the enthusiasm and mutual understanding engendered by this first congress in Washington may be practically applied and fostered through the years. Dr. Arthur H. Ruggles of Providence, R. I., was elected president of the new Committee, with honorary presidents representing Africa, Asia, Australasia, Europe, North and South America. As was eminently fitting, Clifford W. Beers, through whose vision and effort the mental hygiene movement started twenty-two years ago, was suggested as General Secretary. Membership on

the Committee is drawn from fifty-three countries.

Some of us will never forget the thrill of meeting our sister nurses from all over the world at the Congress of the International Council of Nurses at Montreal last summer. It was with somewhat the same emotions that one rose to greet that great gathering of men and women on the platform of Constitution Hall who had traveled thousands of miles across the seven seas to meet in Washington to consider the problems common to all humanity regardless of language, customs, or race. There was, perhaps, an even added thrill at this meeting, in that the study of this special phase of human welfare is so new, so full of undeveloped possibilities, so integral a part, apparently, of our daily life. As one speaker remarked: "The ministers claim that mental hygiene is simply applied Christianity, the doctors say it is the practice of the *art* of healing known for centuries, industry calls it personnel management, and the business man, horse sense. It is all of these and more, it is personality fulfillment."

Whether at the opening dinner of the Congress at which 1,200 guests heard Secretary Ray Lyman Wilbur, Dr. Frankwood E. Williams, and Clifford W. Beers, or at the stirring inaugural meeting in Constitution Hall presided over by Dr. William H. Welch at which the foreign delegates were received, or at the humbler gatherings of specialized groups, the public health nurse was drawn inevitably into the tide of enthusiasm for a new approach to her old, old problem—the riddle of personality adjustment. Here, she thought, is at last the answer to my own personal difficulties in handling people and situations; here, if I can familiarize myself with the principles of mental hygiene, I will find a way to persuade my patients to follow advice; here, finally, is the answer to the search for happiness in the world; and undoubtedly many a public health nurse sighed with regret that her training in nursing had not included courses in psychiatry, psychology, and mental nursing. It was well, therefore, that those in charge of the Congress had given public health nurses a special opportunity, in the form of two conferences, to talk over the new field and face, in a practical way, the difficulties in the immediate attainment of a mental hygiene approach to their problems.

At the Wednesday conference with Miss May Kennedy, Director, Division of Nursing, Illinois State Department of Public Welfare, presiding, the questions of undergraduate affiliating courses and postgraduate experience in mental hospitals were discussed, and a report of the standing committee on Mental Nursing and Hygiene of the International Council of Nurses was presented by Mrs. Karin Neumann-Rahn of Finland, chairman of the Committee.

On Thursday, in spite of a torrid day—or perhaps because of it—a very animated meeting was held to consider the place of the public health nurse in the mental hygiene field. Miss Marguerite A. Wales, General Director, Henry Street Visiting Nurse Service,

New York City, presided and papers were presented as follows:

The Place of the Public Health Nurse in the Mental Hygiene Field

As Seen by the Administrator

Laura Draper, Associate Director, Boston Community Health Association

As Seen by the Mental Hygiene Supervisor

Katherine Brownell, Mental Hygiene Supervisor, Scranton (Pennsylvania) Visiting Nurse Association

As Seen by the Field Nurse

Alvida Lower, Staff Nurse, Minneapolis Visiting Nurse Association

Discussion was opened by Miss Grace Anderson, Director, East Harlem Nursing and Health Service, New York City, and was entered into in lively fashion by both psychiatric supervisors and public health nurse executives. It would be difficult and perhaps unwise, as this was a very informal and comparatively small group, to attempt to summarize the arguments and points in controversy. It does seem worth while, however, in view of the increasing and, sometimes, hurried effort to include a mental hygiene service in the work of public health nursing organizations, to list briefly the problems of administration which the inclusion of such a service presents:

*The problem of cost:* While no time and cost studies have been made of mental hygiene service as a separate entity, it was agreed that the work of a psychiatric supervisor, while it would better the quality of the nurse's work and enable her to achieve results sooner with her individual families, would be expensive from the point of view of time, reduction in number of cases handled, and the intensive work necessary on the part of the field nurse in preparing data on her problem cases.

*The problem of community resources:* It seemed to be agreed that without adequate clinical facilities to handle the cases showing real deviation from normal, a mental hygiene service would be considerably handicapped, and it would be the duty of the public health nursing agency to educate the community to the need of such facilities before much progress could be made.

*The problem of staff education:* This was generally conceded to be the very important function of the mental hygiene supervisor and is carried out variously by staff lectures, reading, case conferences, field supervision, individual conferences, and in small groups.

It is worthy of remark that experience has shown that not all nurses "take to" the mental hygiene program. On the other hand, others are found who have always practised such an approach unconsciously. The cost of staff education is an important factor to be reckoned in the general cost of this service.

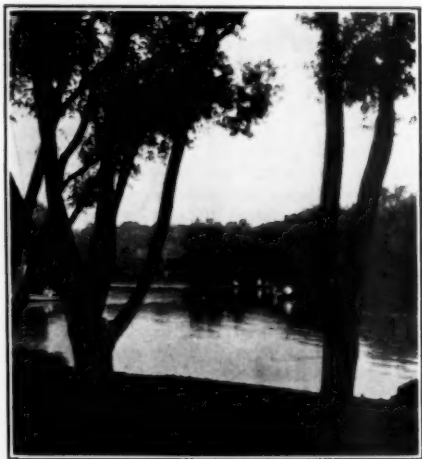
*The problem of special training in this field for the public health nurse:* The consensus of opinion seemed to be that for the present, except for a few fortunate nurses who can afford to take the extra year of training, the public health nursing groups must look to the psychiatric social workers for guidance in this specialized field. The hope was expressed and enthusiastically applauded, that schools of nursing would aim to give students a conception of mental hygiene and public health as an integral part of the curriculum—from the day of entrance to the day of graduation.

The Congress was conducted with magnificent skill, a real demonstration of the mental hygiene approach to a difficult situation. It was particularly gratifying to nurses to find that Miss Mary Chadwick, S.R.N., Fellow of the British College of Nurses, a member of the British Psychological Society and an author of several books on psychology, was given a prominent place

on the program. Her paper on "The Neurotic Child" will be available in the Proceedings.

The meetings offered practical suggestions for adjustments all along the line of life—particularly through the preschool, school, and college years, there were discussions on the problems of industry, of prisons, of the churches, the results of research on the cases in institutions were given, problems of administration of mental hygiene societies threshed out, the psychoanalytic implications of dreams, neurosis and regression were discussed, and many, many other topics. It was a program (filling 42 pages) rich in scientific information, pregnant with the inspirations of creative thought. Fortunately, for those unable to be present, the papers and proceedings will be published. If one may be so rash as to pick only one star from so brilliant a constellation the address by Professor Hornell Hart of Bryn Mawr on "The Family and Fulfillment of Personality" is highly recommended.

*Dorothy Deming*



*One of Milwaukee's beautiful parks, where the Biennial Convention of the three National Nursing Organizations is being held June 9-14, 1930.*

## Parent Education and Child Health

By SIDONIE MATSNER GRUENBERG  
Child Study Association of America

WE all want children to be healthy and happy. This does not mean that we want them to make health or happiness objects of conscious desire. We probably all agree that it would be very unfortunate, and not at all conducive to happiness, to get children and their parents launched upon the enthusiastic pursuit of health. And yet we recognize that health is a condition that bears directly upon happiness and effectiveness, and that health is to a large degree subject to educational or training influence.

Despite the many and excellent educational efforts in this field, there are still to be found a considerable number of parents who are practically without any clear or organized knowledge regarding the essentials of hygiene for children. To such parents it is necessary to bring specific instruction regarding the physical care of children, the principles of diet, cleanliness, sleep and clothing, light and air, and so on.

In increasing numbers, however, parents have already been equipped with a considerable body of sound information regarding these matters. The various officials and volunteer agencies that have been for the past few years translating scientific knowledge into the mother tongue have effectively disseminated important facts and principles, and are progressively reaching more and more of the population. The problem here is to help these parents make use of this important information and to apply it effectively in the case of their own particular children. It appears, when we look into the matter, that it is one thing to accept the doctrine that an afternoon nap sweetens the child's disposition, for example, but a totally different matter to get the child to accept the nap sweetly. We are concerned here with the problem of managing the child's impulses and desires quite as much as

with knowing what is good for his health.

### OUR SOMEWHAT FRAGMENTARY KNOWLEDGE

Useful information about the conditions necessary for health, like the useful information about other practical arts, has come to us in scattered fragments. At one time we discovered the importance of calories, at another time the importance of sunshine; one day we are alarmed about the danger of chronic fatigue, the next day we are alarmed about thumb sucking; now it is vitamins C or D, then it is the mystery of intestinal flora. But for many of us the difficulty seems to be that as we acquire these facts we try to put our bits of knowledge to work piecemeal. The result is that we treat the child as a composite made up of numberless independent variables. We try to make the most of each item, but we rarely arrive at that unity which is the essential characteristic of life itself and the indispensable condition of the health which we are trying so hard to secure.

This is not to minimize any of the numberless details that our new knowledge emphasizes. Rather it is to fix attention upon the need of a technique for focusing upon the child the benefit of these very specialized knowledges. Parents need to be helped in the technique of managing their children so that the latter will establish health habits without becoming too health conscious; too much aware of the importance of health, too much concerned with the significance of each detail of the ritual we want them to follow.

Many of the habits we seek to establish during these years are acquired easily enough if they are a part of the colorless routine of everyday life. In some instances failure in these procedures is unquestionably traceable to the ignorance of the parents; but in

many cases the trouble comes from the mother's knowing something that her mother did not know, and at the same time having more time to fuss with her one or two children than her mother had to give to a whole brood. Not only increased leisure, but other changes in our ways of living have modified the attitude of parents toward many details of life—toward their mates and their children. These attitudes color what we say and do to one another and to the children, so that we unconsciously work upon the feelings, the desires, the aversions of the children, often in ways which influence their health and their conduct.

#### CULTIVATING A CASUAL MANNER

We have to learn, then, in addition to diet and rules and tables, to cultivate a certain casual manner in handling everything connected with the routine of the day's living. We must be friendly, to be sure, but we must also affect indifference regarding a thousand important details. In a nursery school the teacher in charge has to deal with the activities of the day's living in an impersonal way, without emotion. That makes it possible for the children to do here what their mothers have such difficulty in getting them to do at home, whether it is eating carrots or going to the toilet before it is too late, or washing their hands. The children do indeed need affection, and they need attention, if they are to be well and happy; but they do not need to have their feelings and emotions attached to those things that must be accepted as matters of course—the things that should automatically keep us alive and well. The child should eat and he should eat in accordance with the best knowledge of the nutrition laboratories; but he should not eat in the presence of a personality charged with emotion, watching every move and counting the calories.

Health habits should be the unconscious habits of healthy living, acquired as simply and as unquestioningly as habits of wearing clothes, or sleeping in bed, or being polite, or using the mother tongue. The child needs to

know nothing of the philosophy or of the importance of these habits. He gets them because they are parts of his living environment, the way in which those around him live and act. It is important for the adults in the child's immediate surroundings to understand what kind of living is healthy living; but it is far from necessary for them to raise issues with the child as to which articles of diet or which details of routine he will or will not accept.

What we have learned about physical factors and causations will, in many cases, furnish the clue to forms of outward behavior which, on the surface, seem not at all related to physical health. Malnutrition and chronic fatigue are not confined to the so-called "underprivileged" child. Indeed, we see many cases of behavior difficulty, problems of discipline which are commonly attributed to failures in training, which, on careful examination, are traceable to causes purely physical in origin: lack of sleep, improper diet, or some actual defect of body functioning. We have therefore learned to be alert for those physical factors which are basic in the child's whole mental and psychical well-being.

#### PRACTICAL PROBLEMS OF PARENTS

On the other hand, the practical problem of the parent who is conscientiously trying to apply what the various specialists teach about health commonly takes the form of overcoming the child's obstinacy or perversity, and perhaps the most frequent difficulty of this kind is associated with eating. It may be resistance to a particular kind of food, or refusal to eat alone; sometimes there is difficulty only in the presence of a particular person; sometimes a particular person has to be pressed into service to make a meal passably satisfactory. Why do children so often pick upon the very things that the dietitian strongly recommends, for their special dislike? Unquestionably it is in most cases precisely because the mother's solicitude attaches to the spinach or egg that excess of emotion which gives the child his op-

portunity to convert the commonplace breakfast into a thrilling adventure.

We have an excellent example from Dr. Douglas Thom, of a Massachusetts family consisting of an educated mother, a well-meaning father, an intelligent child of two and a half to three years, and one younger child. The parents here tangle up their feelings with their knowledge and good intentions until all concerned suffer in health. Every meal is an event—yes, an adventure—for there is no telling what the outcome will be. The child will sit tight until the mother places the food in her mouth; then she will hold the food, but not chew it. In the end, the mother is exhausted and at the end of her resources. What help does she get from her eager study of diet? There is certainly much more that she needs to know, if she is to keep her child well, to say nothing of leading her into habits of health. The father and mother do not agree on the first principles of discipline. When the mother has the child in hand and makes requirements that the child does not meet, the father takes the position: "What can you expect of a little child like that?" When it is his move, however, and he finds himself equally futile, his reproach reads: "Why don't you train her better? You have her all day." Practically every normal child would much rather go hungry than miss a show like that!

Another example of feeding difficulty is interesting because it shows what can be done when the child is treated as a whole. A little girl of three was refusing to take her breakfast. The child was in good health and emotionally well adjusted. She had never given any trouble before, with any of her meals, and she was getting through with lunch and supper without any trouble at all. Her unwillingness to eat breakfast came on with comparative suddenness. She now required hand-feeding, conversation and cajolery, and sometimes these did not suffice. If left to herself she would cry, or call for the nurse to feed her, or leave the food entirely un-

touched. These parents were convinced that the child had something "on her mind," for this behavior was so out of keeping with her previous conduct. A careful examination of the whole situation brought out the fact that the child had recently been taken out of the high chair for her lunch and supper, but not for breakfast. Placed in a big chair at breakfast, she immediately showed delighted eagerness and began casting aspersions upon the baby chair, about which she had not once complained during the trying days of tragical breakfasts. Apparently she had been affected by the implications of the high chair without being able to voice her grievances. There was no further difficulty with breakfast, when the child sat in a big chair. Too often, in similar situations, the parents are intent on trying to overcome the "naughtiness" and "perversity." They fail to see the woods for the trees!

There is another type of health disturbance for which we commonly seek exclusively physical causes and remedies. Such, for example, is the case of a child who was left at home with her father while the mother was at the lying-in hospital. The child developed a fever, but the doctor could find no cause for it. When the child was taken to the hospital to see the baby brother, when she was given the undivided attention of her father, when she discovered that the baby about whom there had been so much talk and excitement was really a very insignificant affair, the temperature dropped to normal. In other words the rise in temperature probably indicated an emotional agitation which was not obvious to the casual observer and which was related entirely to fears and misgivings, or to a feeling of insecurity due to the advent of this unknown person who took everybody's thoughts and attention away from what hitherto had been the center of attraction.

#### STUDY GROUPS

It is to help parents, and those who work with parents, to an understanding of situations like these and other related ones, that the Child Study Asso-

ciation of America directs its program. Mothers, and sometimes fathers—social workers, teachers, and public health nurses—come together in the study groups or chapters of the Association for the full discussion of problems which arise in the course of their living with children, or dealing with home situations. The problems which they bring range from seemingly trivial irritations that come in the daily routine, to the more serious behavior difficulties which have, perhaps, grown out of the mismanagement of minor situations. Through their study and discussion, through interchange of ideas and the pooling of experiences, parents are helped not simply to the solution of immediate problems, but to a deeper insight and a better skill in the continuous management of children at home, and to an evaluation of facts and principles in the light of their own experiences.

An example of the way such group discussion may clarify parents' thinking concerning the facts and principles that are laid down for them was seen in a group of mothers in a rural community. They had been discussing the problem of children's sleep—the regularity of hours, the amount of sleep needed, and so on. One mother reported that she had always taken great pains to insure the regularity of her baby's sleep. One night, however, the grandmother arrived just as the child was about to go to sleep. What should she have done? Some said: Never break the rule for anything. Some asked: What about proper regard for grandmother? In the discussion it was pointed out that it is important that the child have right habits and sleep and right amounts. But it is important too that she have the habit of showing due respect and consideration for elders. Here they found two good habits where only one grew before—habits which conflicted with each other! The doctrine of habit-formation as a basis for meeting life situations was seen to be no panacea, at least in a world that is not all knowable in advance.

#### PERFECTING ADULT EDUCATION

Thus the training of children to healthy living must await the education of adults to the effective management and guidance of children. There are involved not merely schedules and calories, rules and vitamins, but also understanding of the so-called disciplinary problems, the motivations of childhood from stage to stage, the forces that modify the child's likes and dislikes as well as the changing values and aspirations.

The vast accumulation of details which today represents the sciences of physiology, chemistry, psychology, and so on, includes many facts that bear directly upon the maintenance of health and bodily and mental vigor. These facts about the child's nature and his development, like the detailed knowledge in other fields, have come to us through the researches of many specialists, each attempting, as some clever observer has already noted, to find out more and more, about less and less. As soon as a specialist establishes a fact that seems to us important, we rush to put it to work. When we are dealing with children this eagerness to apply new knowledge often produces the result of departmentalizing the organism in a manner that contradicts the first principles of being alive and well—that is, whole. We not only refuse to let the right hand know what the left hand is doing, but often let one hand undo completely what the other is doing.

However valuable specialization may be in research, we surely know enough about life today to recognize that we must deal with the child as with a living unit, that we must coördinate for his welfare the many useful things we have learned, and not merely apply them as though they had nothing to do with one another. Accordingly, we must help parents approach the problem of physical health first through an understanding of the basic factors supplied by physiology, psychology and the intensive study of child behavior.

# The Nurse's Message of Child Health to the Family \*

BY HELEN CHESLEY PECK, R.N.

Executive Secretary, Infant Welfare Society, Minneapolis, Minn.

THE public health nurse of today is recognized as an important factor in every health program. In fact, many of our leaders in the public health field consider her one of the most essential factors, essential because the public health nurse is the best messenger, perhaps the only one who brings health information directly to the individual in his home.

## INTERPRETATION OF PRINTED PUBLICITY

Especially is this true in the field of child hygiene. Publicity by way of the printed page will carry general information and will reach that group of the people who have the ability to apply the knowledge thus gained. Printed publicity often has to be interpreted, and here is one of the greatest missions of the public health nurse. Even those who can read understandingly too often prefer to apply advice to the needs of the neighbors' children rather than to their own. The modern principles of child hygiene must be brought home so forcibly that each parent will realize his responsibility in the general movement.

No matter what field of public health she may find herself in, the nurse's part of the program is to apply that message directly to the family. There are innumerable avenues of approach by which the public health nurse, if she is alert, may reach the family. Whatever the opening wedge may be, or whatever duties are demanded of her in that home, she is bound to touch upon the subject of child health, either directly or indirectly. After all, is not everything that is being taught about child health applicable to adults, whether it be a question of vaccination against smallpox or how to control a temper tantrum?

## THE SPECIFIC MESSAGE

Specifically, what is the nurse's message of child health? For the purposes of this paper the correction of defects, such as diseased tonsils, dental caries, impaired vision, underweight, etc., will not be considered. It is understood that these problems, once they have been discovered by a physician, are the job of every public health nurse. Today's goal is prevention. The public health nurse and physician must help today's child to be born healthy and to remain so. There are well planned child hygiene programs for the prenatal and early infancy periods, but very few for the preschool period. Consequently, the schools discover in the child defects which developed during that time. Of late the parent teacher groups have been rounding up the children just before they enter school to see that they are physically fit for their new activities. Even this is too late to begin.

## HEALTH SUPERVISION

The nurse's message of child health is "*regular periodic health supervision beginning before birth and continuing throughout life.*" In the prenatal period the message to the mother is to teach the fundamental importance of regular visits to the physician and to create a healthy mental attitude which includes the dispelling of fears and superstitions. Because of the difficulty of reaching the expectant mother herself, the nurse must educate the community to the importance of prenatal care by making an opportunity to leave in every home that she enters the message that "*a mother should consult a physician as soon as she knows that she is pregnant.*"

The program for the period of infancy is, perhaps, the most popular in

\* Paper presented at a meeting of the Child Hygiene and Public Health Nursing Sections, American Public Health Association, Annual Meeting, October 4, 1929, Minneapolis, Minn.

the field of child hygiene. The mother is most approachable at that time, probably because of her tiny infant's helplessness and her ignorance of her job as a mother. The nurse's message during this period also is "regular periodic health supervision of the baby by the physician." The physician should direct the feeding and care of the infant, but there are many ways in which the public health nurse may supplement his instructions. She can do a great deal in influencing the mother's attitude towards breast feeding,\* both in this period and in the prenatal period.

#### ROUTINE OF THE CHILD'S DAY

The public health nurse must help also in establishing a proper routine for the child's day. She must include in her message all the various points contributing to this. Because she has the entree into the home she can see that the physician's advice is carried out, but it is particularly her duty to teach the mother that everything she is doing for her infant today has a definite effect upon his future well being. A knowledge of mental hygiene teaches us emphatically that the time to establish correct mental habits is in early childhood, which means infancy and the preschool period. Physical and mental growth cannot be separated, yet most parents seem to take no responsibility beyond the child's physical needs after he has acquired the ability to walk. If he develops any unpleasant type of behavior the parents usually attribute it to "his mean disposition."

For example, it is not enough to demonstrate the preparation of food. The nurse must show that regularity in feeding and a right attitude toward food are equally important and, once learned, will prevent more serious difficulties later on. It has been found in the "behavior" or "habit training" and child guidance clinics that feeding problems predominate, and this is probably because this type of problem is most evident and most distressing to

the family. Usually a further study of this feeding difficulty will show that the child presents other problems in behavior, and that the whole maladjustment is due to lack of understanding on the part of the parents in the earliest training of the child. Parents have been taught for years that growing children need spinach and carrots, but the school nurse still finds it necessary to spend much time teaching children to eat vegetables. Too much stress has been put on vitamins and specific foods, as spinach, carrots, milk, etc., instead of food in general.

Another illustration is the problem of sleep and sleeping facilities. The public health nurse should teach the mother that her child must sleep alone with plenty of fresh air; that the spring and mattress have a definite effect on posture even at this early age, and that tight bed clothing has sometimes been the cause of deformed feet in children. Very important is the establishment of regular hours for sleeping, thus forming one of his first good mental habits—regularity in routine.

#### PREVENTION OF COMMUNICABLE DISEASES

Physicians and public health workers are agreed that protection against communicable diseases should be given during infancy, although very few physicians, except the pediatricians, are as yet practising preventive medicine and taking the initiative in urging parents to bring their children for these inoculations. The very nature of the public health nurse's contact with the family makes it possible for her to urge these inoculations as preventive measures for health.

#### PREPARATION OF THE NURSE

An ideal child health program requires a public health nurse as the logical person to carry it out, but before she can teach others she must be educated herself. For example, most nurses could give an excellent talk on

\* See article on "Breast Feeding in Minneapolis"—THE PUBLIC HEALTH NURSE, December, 1927, by this same author.

the value of preventive inoculations. Their study of bacteriology, immunology, preventive medicine and public health qualifies them to do so. Could this same nurse discuss as freely and with as much confidence the following questions?

What is the progressive gain in weight from birth to six years; when should a child be able to feed himself; dress himself; when should he be trained for toilet habits; how should a mother go about to establish these habits; what toys would provide the most satisfaction to the three year old; why is Mary at five content to sit still for an hour and play with blocks and Johnny at two insistent upon dragging a noisy toy around and around the room; why does Junior have night terrors and how can Jean be helped to be less shy and self-conscious in the presence of a group?

These and many other questions occur during the course of a conversation when the public health nurse comes into the home to teach child health only. Is there anything in the training of the nurse in the hospital or public health field that gives her the background which will provide answers to these questions? We know that many pieces of excellent health work are being done by public health nurses, but they have had to secure this education by the trial and error method after coming into the field instead of coming to the field adequately prepared.

#### A PROBLEM OF EMPHASIS

On the other hand, public health nurses are so busy caring for the sick, trying to see that defects are corrected, maintaining first aid clinics in industry, taking patients to doctors and dentists, etc., that they have little time for prevention. The nurse tries to teach as she works, but her mind is too crowded with the responsibilities of acute illness. The most pressing needs must come first, and what energy is left over can be given to instruction or prevention. Until our programs can be arranged to allow equal emphasis on prevention and cure we cannot expect our public health nurses to adequately teach child health. When the public health nurse is so trained that she has a "health attitude of mind," and when

she is equipped with the knowledge and time to pass this on to the public, only then will she be able to put before the community her message of child health—which is a program of prevention, with regular periodic health examinations beginning before birth as the keynote; and building on this a knowledge of the well child's physical growth and mental development, so that she may lead parents and communities to a better understanding of their responsibilities.



*A chance to talk over problems*

The Minneapolis Infant Welfare Society has found it necessary to constantly change and broaden its staff education to include the newer knowledge of child health. When the period of health supervision was extended from 2 to 5 years, a different type of record was developed and kept from one year of age which included behavior progress as well as physical growth. The items on the progress record printed below are begun at one year of age and checked every six months. The physical record is made up every six months. The interest of the mother had to be stimulated to a new understanding of her child. Parents and children with special problems were found to need much more intensive supervision and are carried in a special department with a psychiatric social worker in charge.

The loan library has been developed for the parents and special evening meetings for fathers only are held periodically. Case studies and group conferences provide the best method of teaching.

ITEMS FOR PROGRESS RECORD				
ACHIEVEMENTS	SLEEP—kind	FOOD HABITS	BEHAVIOR PROBLEMS	MANAGEMENT
Use of tooth brush	Alone	Appetite		Punishment
Dresses self	Windows open	Regularity	Speech	
Feeds self	Hour to bed	Eating betw. meals	Whines	
Toilet—bowels	Hour up	Cereals	Tantrums	
Toilet—bladder	Nap hours	Vegetables	Fears	LITERATURE
Play—kind		Fruit	Night Terrors	READ
out of doors		Meat or eggs	Masturbation	
playmates		Milk-Tea-Coffee	Nervous Habits	
		Sweets		

### WHAT WELL BABY CARE MEANS IN A PEDIATRICIAN'S OFFICE

(Extract from paper read at second session of Child Hygiene Section of the American Child Health Association. Dr. Huenekens is medical director of Infant and Preschool Work, Infant Welfare Society of Minneapolis.)

The infant is brought to the office about once every month for the first nine months, then every two months until 13 months old, every three months for the balance of the second year and thereafter twice a year up to the school age. The baby is weighed each time and accurate record kept of gains or losses. For the first six months the mother is shown how to nurse her baby, is taught how to express her breasts if the supply runs short; if artificial milk is necessary, exact typewritten directions are handed her. In these days of comparatively simple milk mixtures it is not necessary to send a nurse into the home to demonstrate the preparation of milk formulas. The mother is directed when to start orange or tomato juice for the prevention of scurvy, and also when to begin cod-liver oil or viosterol for the prevention of rickets.

During the second six months instructions are given as to cereal and vegetable additions to the diet, so that by the time the infant is ten or twelve months old it is on three meals a day and a fairly well mixed diet. During this time also the baby is vaccinated and given toxin-antitoxin, the latter followed in six months by a Schick test. Through the second year the diet is expanded so that by the end of this period the child is receiving all digestible foods in varied preparations.

For the first year the charge for this service, if given regularly, is about two-thirds of the fee for the casual office visit.

During the entire five year period, mental hygiene instructions are given. The too indulgent or sympathetic mother, the over-stern father, or the nagging parents are dealt with by personal talks and by the required reading of simple and popular books on child training, such as Thom's "Everyday Problems of the Everyday Child" and Blanton's "Child Training." Conflicts in methods of discipline between parents are ironed out with varying success and sane sex instruction is urged. The trying problem of anorexia or poor appetite is explained in all its ramifications and early preventive measures along the lines suggested by Aldrich are undertaken. We feel very strongly that proper mental hygiene instruction undertaken very early and carried on through this entire five year period will prevent many serious problem cases of later years.

E. J. Huenekens, M.D.



# A Year-Round Publicity Program for Public Health Nursing Organizations

BY DOROTHY DEMING

**N**O one who engages the services of an expert publicity agent need read this! It is for those who must plan the publicity for their work depending on such help as the latent talent among board members, staff, and interested outsiders can offer. In other words, this is written for the majority of public health nursing groups trying to extend their service, increase public interest and financial support, and make their work better known without spending much money, or calling on professional publicity service.

If a commodity is worth advertising at all, it is worth advertising all the time, for the simple reason that newcomers must be informed, the unobserved must be subjected to repeated notices, and, in the case of public health nursing, the service is in continual demand by someone, somewhere. Sickness does not go on vacations. Health is always desired. You can never tell when your message is suddenly to become vital and your service needed.

## THE PUBLICITY COMMITTEE

It has therefore been borne in on Community Chests, Chambers of Commerce as well as business firms, that year-round publicity pays, and programs are planned accordingly. A program planned for a year is naturally important, important enough to require the attention of a special committee. In public health nursing organizations this committee usually consists of from three to seven board members, of which the president and nurse in charge are, of course, ex-officio members; the committee may be a separate committee or a sub-committee of the educational committee. It is essentially a working committee, and therefore three is an ideal number if all are workers. If the members happen to offer newspaper experience,

public speaking ability, artistic talent for poster-making, exhibits, designing leaflets, etc., so much the better. As a rule some of these blessings have to be sought among interested outsiders who are willing to contribute their services. Or it may be possible to secure a publicity expert or a newspaper man to give advisory service to the committee from time to time, or a complete advisory committee can sometimes be effective.

This committee meets at least monthly, sometimes weekly and while a drive or campaign is on, daily! The program is usually planned at an early fall meeting. All material released which bears on nursing service must have the approval of the nurse in charge, and all dealing with medical matters—announcements of new services, clinics, etc., the sanction of the medical advisory committee. Care must be taken that the policies of a private association are in accord with the official procedure of the local department of health.

In general in planning publicity the committee must decide on what community group it wishes to reach, what is to be said to the group, how it can best be said—through what medium (letter, newspaper, talk, etc.), and when is the strategic time to say it. Finally how much will it cost—or can it cost. These are local decisions.

## AVENUES OF APPROACH TO PUBLIC

What are the main avenues of approach to the public which the advertisers of public health nursing may use? A maze of opportunities presents itself. The most obvious is the work of the nurse herself which must be essentially good. No commodity can command an increasing sale which does not live up to its advertised merits, and although the standard of work lies beyond the responsibility of the pub-

licity committee, it is nevertheless the foundation stone on which publicity rests.

Nearly as obvious, and also somewhat the responsibility of other committees, is what might be termed the physical appearance of the association in the community. There is great appeal in an attractive package!

*The Office:*

Is it central? Plainly named? Clearly numbered? Attractive, hospitable, with a cordial, tactful clerk and telephone operator to answer questions? A very great deal of public contact is through the telephone operator. Listen to her response to calls, to complaints, to the frightened foreign mother who can't spell her name!

*The Staff:*

Clean, neat, upstanding, brisk without being brusque, uniform in appearance. Bags looking trim and business like.

*Automobiles:*

Labelled, if they are the property of the organization, clean and efficient without being luxurious. (There is some question as to insignia on automobiles and uniforms. Some organizations feel that there is a drawback to publishing the fact of a nurse's visit. This is a question for local decision.)

Presupposing that these external evidences of good service are present, we can consider the field of the publicity committee.

#### THE PRINTED WORD

Probably the most generally accepted responsibility of the publicity committee is to prepare reading matter for the general public describing the work of the public health nurses. Reading matter may take several forms, and they all require careful consideration and long-time planning. Every piece of literature should give the full name of the organization, address, including city and state, and the date of publication. It is customary to include the names of at least two of the directors—usually the president and secretary, or treasurer—and on service folders, the telephone number as well as address.

*General Information.* A card, or folder of information is used by board and staff alike. It gives essential information, how and where to get a

nurse, hours of work, charges, kind of service offered, clinic hours, and sometimes includes names of officers and staff. It serves as introduction for the nurse, saves time in answering inquiries, and can be distributed at all kinds of meetings, exhibits, booths, and the like. Sometimes these cards have an added use and are made into blotters, book markers, calendars, or telephone lists.

*The Annual Report.* A brief, illustrated, colorful annual report, if funds allow, should be planned at least three months in advance. Usually this report is printed after the annual meeting, and distributed to members, contributors, social workers, official health agencies and others. Members of the board should be responsible for a certain number to be distributed among friends who might otherwise not see, or not pay any attention to the report.

The form and content of an annual report is a subject in itself.\* It may be a one-page flier or a fifty-page booklet—depending on funds and the group to be reached.

*Keeping in Touch.* A monthly, quarterly, or semi-annual story of progress may be made to members. This may be a letter from the president, a mimeographed statement from the treasurer with some additional word as to new developments in the service, or may be a more elaborate leaflet, telling stories, giving service figures, carrying special appeals, or reports of special service. Usually the publication of routine reports to the membership is omitted during the summer.

*Special Leaflets.* These may be issued during the year to describe special services, a new service, or as special appeals.

*Letters.* Letters appealing for funds, if there is not a community chest, may be the responsibility of the finance committee, the publicity committee, or both, or may be in the hands of a special campaign committee. They

\* An article on the essentials of a good annual report will appear before 1931.

too are a subject in themselves, but must be planned well ahead of time and tried out on members of the board. The list of recipients must be selected with greatest care, and a follow-up schedule adhered to. It goes without saying that a potential contributors' list must be kept up to date, added to and revised constantly.

#### NEWSPAPER PUBLICITY

Newspaper publicity includes everything from brief news items to long special feature articles. Pictures, reports, appeals, notices of meetings, announcements of all kinds, and letters may be used appropriately. Occasionally space must be purchased, as for example, if the constitution calls for a newspaper notice of the annual meeting, proposed revision of by-laws, etc.

There should be something about the association every week in at least one newspaper. This is not hard to accomplish if the members of the publicity committee are really awake to their job and if they are receiving generous help from the staff and board. A weekly health letter is good health education. The material for this may be submitted by the nurse and written up by a member of the newspaper staff. It is well for the publicity chairman and nurse in charge to know one editor of each local newspaper. This may be the society editor or the boss himself! They should all know the "deadline" or last moment when copy is acceptable for a stated issue of the paper, the general character of its readers, and its style. It is not always possible to plan all newspaper publicity far ahead since news is news only when new, but certain events must be prearranged or big opportunities will be lost. For example the annual meeting:

As soon as the date is set, announce it.

As soon as the place and time are set announce them.

As soon as the program is planned and speakers signed up, announce them.

As soon as the ballot of new officers is ready, announce it.

Give out pictures of the speakers and something about them, present officers, others prominent in the work, etc.

If formal notice of the meeting is required

by law be sure it is in the papers on time, and complete.

If there is to be a reception or any special social event in connection with the annual meeting, announce it, using name of chairman of arrangements, etc., etc. Newspapers like names.

If the meeting is in January all this publicity will have been given out during December, probably two or three weeks in advance of the date of meeting.

Repeat notices of meeting in all papers the day before. Invite representatives of the newspapers to come to the annual meeting. They may come anyway, but it's a pleasant gesture.

On the day of meeting have ready a summary of the annual statistical report, the reports of the president, treasurer, nurse in charge, and copies of the speaker's address, if possible. Give out a list of new officers after election. Have ready also pictures of the speakers, staff, and new officers' pictures if possible. Frequently the newspaper will send a photographer if the meeting is a large one. It is a good chance to get a full staff picture. Give the papers plenty of prominent names of those present, and a summary of the most important decisions of the board, if a board meeting is held at this time. It is also customary to print a list of agencies, churches, societies, etc., who have given material donations during the year with appropriate expressions of appreciation.

Aside from the special events, some planning ahead can be done in a general way. For example, February is nearly always a hard month in relation to sickness. Be ready to play up any figures showing increase in nursing visits, additional staff added to answer calls, emergency help, volunteer help. Be on the watch for human interest incidents, what happened the day of the ice storm, the day of the big snow-storm. The winter months always offer particularly appealing stories and it is easy for the man in the street to visualize the comfort of a nurse's visit, when, ten to one, he is just getting over a siege of illness himself. Identification of stories must be carefully guarded against, and all pictures used must be with the permission of the patient or family.

Each month, each locality will present certain differences and certain phases of the work needing stress. The nurse should help in gathering material for community campaigns and special drives, such as the summer round-up,

"T.A.T." campaigns and Christmas seal sales. Make newspaper publicity *seasonal*, local in its appeal, and plan as far in advance as possible.

If the Chamber of Commerce prints a magazine, space in this may be, should be, secured, annually, for a brief description of the services offered.

#### RADIO TALKS

Another topic in itself! At least one talk should be arranged yearly at a local or nearby station, usually at the time of the annual meeting, or drive for funds. Sometimes five minute periods, quarterly or monthly will be donated. The material presented should be short, snappy, full of "human interest" which means stories of the nurse's work, health education talks, dramatized clinics, round tables or the like. It is necessary to get someone who has had experience in broadcasting. This may be someone outside the association. *Experience in broadcasting is important* and the material to be broadcast must be submitted beforehand.

#### EXHIBITS

Plan at least one a year. It may be held at the time of the annual drive for funds, annual meeting, state or county fair, "Better Homes" week, health week, flower show—what not? Health posters and free literature and demonstrations of nursing care have a place in these exhibits.

One of the most effective and suitable exhibits of service on such occasions is the management of a first aid room, rest room for mothers or baby parking stations. As this sort of thing is time-consuming it is often possible to combine with other community groups in conducting such stations, the Red Cross, the Girl Scouts who are studying child care, or others. Care should always be taken not to use the time of a nurse for services that could be rendered by others equally well.

Even better than the occasional exhibit which is in keen competition with more elaborate displays, is a year-round exhibit, renewed monthly. Get someone to donate an empty store win-

dow and keep an exhibit going in this window. Keep it simple, inexpensive, conveying one message at a time, but keep it free from dust, colorful and well lighted. This window will probably be the responsibility of one person, or of a subcommittee of the publicity committee. She should make it a point to keep up with all the new exhibit ideas, cheap but effective advertising, and be familiar with her community resources. A local window decorator will usually be glad to make suggestions for making the appeal of the window direct and effective. If he does this for you see that credit is given him—in the window and the press. It all helps. Too frequently non-official organizations accept voluntary professional aid and write a cordial note of thanks to the contributor. If they would go a step further and make their gratitude public by recognizing the contribution of service in the newspapers, it would be a very real return for favors rendered.

#### PARADES, PAGEANTS, FLOATS

Frequently the public health nurse is asked to take part in parades and local celebrations. A nice balance of judgment is needed in deciding between the value of her presence in the parade and the demand on her strength and time. A group of staff nurses marching, if they march well, is inspiring, but it is costly in time and physical strength. A float idealizing the service without using the personnel of the staff is sometimes more feasible.

Pageants may be effective but are apt to be boring if too long and not beautifully staged. The public is rather spoiled these days for amateur efforts, the light and color effects in the movies and theaters are so stunning.

#### POSTERS AND PLACARDS

Posters can be obtained and used in various ways. They should appear in all public places, public libraries, schools, settlement houses, small appropriate ones for apartment houses, hotels, parish houses, and drug stores. They must be kept *clean and fresh*. On all posters the address and telephone num-

ber of the association should be given. It is well to include the insignia or seal on all posters. It is a sort of trade mark. Cartoons are permissible but must have the approval of the whole committee including the president and nurse in charge. This is because humor is difficult to handle in a dignified way.

Posters may be made by board members, staff nurses, clubs, Girl Scouts, Boy Scouts, church groups, local artists, local art schools, etc. One of the most effective ways of obtaining good posters, which is also educational, is to run a poster contest in the schools. After due publicity has been given to the plan of the contest, its rules drawn up, judges chosen, etc., the public health nurse can talk to the teachers as to the purpose of the poster, and to the children too, if she has time, on the work of the nurse. Rules for school poster contests have to be very carefully prepared. If there is an art director she or he should be on the contest committee. Much newspaper publicity can be gained by the announcement of the contest, rules, judges, prizes, etc., and the winning posters and artists pictured. An exhibit of winning posters may also be held in the public library or other suitable place after the contest.

Placards on cars and busses during drives are worth while, sometimes space for these must be purchased, but usually someone has a friend who has a friend who will ask an influential officer of the company for space. Bill-board advertising is undoubtedly effective but expensive. Occasionally the local Chamber of Commerce will include some slogan relating to the health of the community to which public health nursing publicity can tie—for example, the city-boosting billboard may read: "Blanktown babies are sturdy babies," and then the association would say "You have read the billboard at our station, 'Blanktown babies are sturdy babies.' Why? One reason is because the public health nurses made — visits to new born babies in

1930, giving skilled nursing care under medical supervision, etc., etc."

#### THEATRES AND MOVIES

A set of slides with appropriate slogans for each month in the year may be prepared and run with local advertising in the moving picture houses—or one or two slides for special occasions. Advertising space in theatre programs can be secured through donations or purchase, if not continually, occasionally. During drives, very, very brief appeal speeches may be made between the acts—or a table with a poster and literature may be placed in the lobby. Theatres and movies differ in their attitude toward charitable appeals. Know your local managers! If a sufficiently attractive film depicting the nursing service can be secured either with local captions or self-explanatory action, most movies will run it during campaign week, and it can be offered to churches and clubs and schools where moving picture machines are installed.

Very few playlets are sufficiently professional to pass muster for the real stage, but amateur theatrical companies and "Little Theaters" will sometimes put on clever curtain-raisers. College dramatic classes can occasionally be stirred to writing plays. Puppet or marionette shows are becoming increasingly popular. If a form of dramatic publicity is chosen, make it your very best effort of the year.

#### MEETINGS

No invitations to speak at a public gathering, large or small, should be refused, unless it is a request for a particular staff nurse whose program may be overloaded. In large cities a speakers' bureau is an assistance in acting as a clearing house for requests and filling them. The time of the nurses should be protected by filling their places when possible by a board member. It usually happens, however, that a nurse is wanted and it is very much a part of her service to tell of her work in order that it shall be rightly understood. Occasionally, permission to speak to groups must be sought as tact-

fully as may be. This is true of Rotary and Kiwanis Clubs, Medical Societies, Junior Leagues, etc. It is not an unusual thing during a drive for a public health nurse to speak to an assembly of high school students in the morning, attend a Junior League tea in the afternoon, and speak from the pulpit of a church in the evening. She is lucky if she has not sandwiched in a luncheon meeting with the Better Business Men at noon!

An effort should be made to develop organized groups as regular avenues for publicity, house organs, church calendars, etc., with yearly talks as a part of their programs. One organization has included talks before the members of the police department and mail carriers, and home economics classes at high schools.

"Come and See" tours are popular but seldom adaptable to public health nursing groups unless there is a new office or health center to be opened in which case dedication exercises and a general reception with the staff present, an exhibit and graphic chart of the work, are appropriate. It is never permissible to take non-nurse visitors into the homes of the patients just to "see the work." Occasionally, a publicity writer may go to a patient's home with a nurse for pictures, permission having been previously granted by the patient, or a newspaper woman in the regulation nurse's uniform may go with a nurse to certain carefully selected cases to get a general impression of the work, but even this is dangerous to the nurse-patient relationship. Everything written up after such a visit must be carefully censored by the nurse guide, to do away with the identifying details.

#### BABY CONTESTS

Baby contests are not to be encouraged. Unless carefully managed they offer an ideal chance to spread communicable disease, they set up an arti-

ficial standard of excellence—good looks and weight often determining the prize winner—and they are usually so crowded that health advice, or any constructive work, is impossible. It is quite likely that a baby attending the show, whose mother has been uncoöperative will win a prize over the baby whose mother has been a regular attendant at a baby conference. If organized by another group and unavoidable, the public health nurse takes whatever part is appropriate, assisting in health examinations, weighing babies, etc. Unless the service asked for is a *nursing* service and consistent with the work of the organization, nurses should not take part in general entertainments, as their places can be filled by volunteers. (For example, waiting on tables at fairs, benefit bridge parties, etc.)

#### SUMMARY OF POSSIBILITIES FOR USE IN PUBLICITY

Make publicity the definite responsibility of a special committee

Plan a year-round program including an annual report

Consider the following possibilities:

- a card of general information
- a keep-in-touch letter or leaflet
- an announcement of any new services
- weekly newspaper notices
- a window exhibit
- a slide or slides for movies
- some form of dramatic publicity
- posters, widely distributed
- response to all requests to speak
- the best annual meeting ever held!
- radio talk or talks

Finally, be on the watch for all local events which relate in any way to the nursing service, health campaigns, disasters, epidemics, municipal celebrations, conventions, etc., etc., remembering that someone has said that a good publicity agent is a "discriminating sieve"—she sifts something out of every event that occurs in her community and often from county, state, national, and international affairs as well.



## Child Study Program Applied to a Public Health Organization

BY FLORA F. STEWART, R.N.

Child Welfare Association, Montreal, Canada

GERALD, aged 10 months, is the only child of young parents, and has attended the Baby Welfare Center since he was 1 month old. His physical condition is satisfactory but his mother is not happy. At 10 months he has learned to eat new food, but he has also learned how to get his own way. He can, by crying loudly, frighten his mother and get her to sit by his bed holding his hand while he goes to sleep. He finds she will be there when he wakes, which he does several times in the night, lest he cry and waken his father. "I have not had a night's sleep since he was born," says his mother. "I have not had a night's peace since he was born," says his father. "He reigns supreme, goes to bed when he likes, and stays up when he likes, his demands are becoming tedious." His mother was urged to establish regular habits and she answered—"How can I, when Gerald simply won't do it?"

Lillian, aged two years, is the youngest child of middle aged parents. There are five other children, the youngest of whom is six. Lillian is small and under-nourished. The physical examination revealed nothing pathological. Her mother was advised as to necessity of a regular sleeping schedule and regular diet. "I give her all you tell me to and she won't eat it. I hold her nose and force her, then she vomits, she cries till she vomits everything; if I let her cry she is always sick. The others don't go to bed till late so she won't go either."

Mary is one and a half years old. Her mother complains, "I can't get her to be clean; I've trained her since she was six months old, she is very hard to teach."

These problems are part of a public health nurse's daily routine. She is

constantly dealing with personalities, and often is the only trained worker coming in contact with the families she visits. Through her training and experience she has a working knowledge of many specialties, but so far, she has had little or no scientific teaching in mental development or mental hygiene. She is the logical teacher of health. Her duties bring her in contact with all who are responsible for the environment in which children live—parents in the home, baby clinics, day nurseries, schools and school teachers, playgrounds and nursery schools. Much of her work is the prevention of disease through safeguarding the health of the child.

Recognizing the need of a working knowledge of both mental and physical hygiene as related especially to the child in the average home, the Child Welfare Association of Montreal secured a Fellowship from the Laura Spelman Rockefeller Foundation to enable a public health nurse to seek further knowledge in child care and management. The Child Study Association of America assisted in building a program for special study, theoretical and practical, at its own headquarters and at Columbia University, New York. This was supplemented by a summer quarter at the University of Minnesota, Minneapolis.

This field of theoretical and practical experience in Child Development and Parental Education has been applied by the writer to her work in the Child Welfare Association of Montreal. The methods of application are shown in the following outline:

The Development Clinic.

The application of our own records as educational opportunities for ourselves.

The development of Parent Education Groups already established for teaching health, into Child Study and Health Discussion groups.

## THE DEVELOPMENT CLINIC

To explain the development clinic, I cannot do better than to quote Dr. A. B. Chandler \*:

"To furnish information for ourselves it was decided to start a clinic where an intensive study of outstanding cases of faulty development in the preschool child might be made, and at the same time to have a research program to secure information of how best the child may be taught essential habits. More emphasis is laid on the prevention of undesirable conditions than on the cure of well-formed undesirable habits. Only children in which the primary trouble is a faulty health habit are admitted."

The staff of this clinic consists of a pediatricist who has been interested in nursery school work and child psychology, a public health nurse who has had the foregoing special training and a dietitian who has had two years experience in a nursery school. All are keen research workers and all understand the home that the public health nurse visits and the problems of the average parent.

To this clinic are referred parents who are having greater difficulty than usual with good habit formation, or whose problems require more intensive study and help than the preschool clinic can give, *i.e.*, poor eating habits, poor sleeping habits, poor habits of elimination, and poor general management.

Detailed records of the development of the child and observation of child and home management are obtained. The mother is encouraged to keep records and a general routine of the day is obtained from a special questionnaire. This shows in detail the actual amount of food eaten, the amount of sleep, play opportunities and type. Written records of difficulties or actual happenings in the home are also obtained. These insure accurate statements, or show a mother where she might try a new method. For instance, one mother who had trouble with her three year old child who got all she wanted by temper tantrums stated, "I keep telling her to stop doing things but she pays no attention." She was asked to write down for one day the

incidents she felt required the command "don't" or "stop." She started her page of paper at 9 A.M., carried on till 4 P.M., then at the foot of the page finished up with "I guess I say 'don't' to everything she does." This recognition coming from her own record showed her more clearly what was wrong than any talking of ours. With a little help at clinic and attendance at a discussion group a much more understanding attitude was developed and the temper tantrums in the small daughter disappeared.

Poor eating habits are sometimes built up because parents desire children to eat too much or too often. A record kept by the mother giving in detail the actual amount eaten, the time taken to eat it, the time at which it was given, shows the parent the fallacy of expecting the child to have a good appetite if fed six or eight times a day.

A carefully kept record of elimination shows the mother the elimination rhythm and helps her to anticipate the need of the child, thus teaching him the habit of being dry. Star charts given to a child of three, and over, insure his coöperation and encourage him to greater effort.

## OUR OWN RECORDS AS EDUCATIONAL OPPORTUNITIES

These records form collections of interesting information but also show us how limited is our training when dealing with the normal child. A public health nurse in her training lacks sufficient contact with the actual handling of problems that parents are meeting daily. It is so easy to give theoretical answers to questions and walk out of the house, but when living with children some hours daily one knows that theories do not always fit the situation.

Practical experience in nursery schools of various types gives a clear insight into the situations a growing child is meeting every day. To be in the rest room at nap time when Johnny will not go to sleep, but insists on getting out of bed and disturbing the

\* "The Development Clinic for the Pre-school Child." A. B. Chandler, M.D., Medical Director, Child Welfare Association, Montreal. *Canadian Public Health Journal*, Oct., 1928.

others; to learn through doing, just how many ways there are of getting Johnny to lie down is an invaluable lesson and experience upon which to build when Mrs. Smith exclaims "But, Nurse, I just can't get him to sleep in the day time, he won't lie down; I've even tied him to the bed." Much more convincing is the advice when one recollects how many times one used various methods in the nursery school. When Mrs. White is over-anxious and making three year old Mary too dependent, it is with great understanding that one explains the need for this mother to try hard to refrain from doing things for her child when one remembers the great restraint one had to practice, the great effort it was to keep one's hands in one's pocket when the milk was being poured by tiny hands into the glasses, and when coats required buttoning.

#### DEVELOPMENT OF PARENT EDUCATION GROUPS INTO CHILD STUDY AND HEALTH DISCUSSION GROUPS

Parent education under the auspices of the Child Study Association of America is an adventure in group classes. The objectives and aims of the Child Study Group activities are enumerated in the various pamphlets of that association, and in that compiled by Miss M. Quilliard, Director of Field Work: "Certain Objectives of Child Study Groups." (See also Mrs. Gruenberg's article in this magazine, page 283.)

Group classes have been established in each of the 16 health centers of our Child Welfare Association. These groups enable the mothers to get away from home distractions and to share with one another their experiences and ideas. They enable the nurse-leader to discuss certain general and fundamental principles which will help them all. To do this it is essential that she know the environment of each member so that she will understand the individual situation and apply it to the principle involved.

Suggestions for subject matter are requested from the group. These are many and varied but furnish a basis

upon which to build. Informality in these groups is stressed and a choice of presentation of topic is given. The talk and discussion method is usually chosen, this allows for a short talk by the nurse leading the group or a specialist, followed by general discussion. Several groups have conducted by discussion method only, these have been a great success. Discussion brings to the surface many difficulties mothers have never recognized, or had accepted as part of the price of parenthood.

Since the groups are composed of mothers of children under six we build the program for talk and discussion around "Habit formation for the First Six Years." This involves the treatment of the physical aspects of growth and development in relation to the mental and emotional development, physical habit formation, habits of elimination, sleeping habits, parental attitudes, importance of the environment, influence of fear and other emotions as related to the needs of the child in this period. The leader brings to the parents facts that have been discovered by many specialists, and because of her knowledge of each member of the group she enables them to see how these facts may help in their own situation.

Education in community resources is one of the phases of group class work. Opportunities are given to the mothers to visit the nursery school, milk depots and bakeries of the city. These excursions are generally well attended.

Volunteers take care of the children while the group is in progress. Toys suitable to the age of the children are supplied. In so far as possible these are made from inexpensive or discarded materials found in any home. These comprise empty spools collected from stores or factories, berry baskets and clothes pegs, painted by the older children in gay colors. Spools are used for building or stringing or they are already strung for the tiny babies. Berry baskets and pegs make fine furniture, blocks, picture cards, blunt scissors and pictures for cutting,

crayons and drawing paper, picture books. These toys have two functions, they amuse the children and they are a practical demonstration to the mothers of inexpensive toys.

To bring the subject of good posture to our parents, we have interested the Physical Education Department of McGill University in our groups. Children with potential postural defects, foot deformities such as flat foot, pronation, etc., are taken in groups and a student from the Department (under supervision) gives them exercises recommended by the examining physician and the physical education teacher. This serves a three fold purpose: it brings the pre-school child to the notice of the Physical Department, to mothers the importance of the methods of obtaining good posture, and to the children the formation of good postural habits.

A series of 10 classes, one week apart, are planned for these groups. The number invited is 20 to 25, this insures an average attendance of 15 to 20. Several popularly written books

on child study are used for reference reading. Two groups are organized in each health center during the winter season from October to May. The mothers themselves are responsible for the social element of the group, collecting five cents from each member weekly to provide tea and cakes.

#### FATHERS' CLASSES

Parent Education includes both parents. The father should play an equally important part in the care and guidance of the child. Groups must be enlarged to include him. In three centers of the Child Welfare Association a beginning has already been made. Fathers have been organized into groups. The talk and discussion method has been used and an attempt made to coordinate the program. Talks have been given by different physicians (men). No attempt has yet been made to organize group leaders.

These classes have been very well attended and discussion was entered into enthusiastically. The repeated requests for more classes show that this part of the work demands development.

### LEADING ARTICLES FOR JUNE IN THE AMERICAN JOURNAL OF NURSING

In Memoriam—S. Lillian Clayton.

Neurological Surgery .....	Tracy J. Putnam, M.D.
Nursing of Intracranial Cases.....	Mary Young Regan, R.N.
An Explanation of the Wassermann Test.....	Virginia Boyer Miller, R.N.
The Kahn Test .....	Katheryn E. Kennedy, R.N.
Staffing a Hospital .....	Mary E. Pillsbury, R.N.
Impressions on Epilepsy .....	Edward M. Bridee, M.D.
Sellew Hall, Presbyterian Hospital, San Juan, Porto Rico..	Olive Shale, R.N.
A Practical Ice Bag Cover.....	M. Cordelia Cowan, R.N.
Staying Put .....	Marion Kirkcaldy, R.N.
Cancer Control .....	John C. A. Gerster, M.D.
Cancer of the Skin.....	Robt. H. Kennedy, M.D.
The Nurse Explains Nursing.....	Virginia McCormick
Some Specialists: Lucy Last Van Frank, R.N.	
Department of Nursing Education	
Orientation Courses for Nurses.....	Philip D. Jordan, M.D.
Affiliations in Public Health Nursing.....	Marion Rice, R.N.
Student Nurses' Page: Some Obstetrical Customs.....	Bessie Colomb

(For a combination subscription rate of THE PUBLIC HEALTH NURSE and the *Journal of Nursing*, see "Special Offers," page 105—back advertising section.)

# The Public Health Nurse Considers Temper Tantrums

BY RUTH BENSON FREEMAN

Assistant Supervisor, Henry Street Visiting Nurse Service, New York City

**A** PROBLEM which the public health nurse is very apt to find is that of the child who is subject to temper tantrums. These outbursts of uncontrolled anger, characterized by screaming, holding the breath, and kicking are not only a source of embarrassment and annoyance to the child's family, but the indication of an anti-social attitude in the child.

Temper tantrums are not a reappearance of family skeletons, but a perfectly normal reaction to thwarting. The first tantrum probably surprises the child as much as anyone, and is simply an explosion of wrath. If this accidental explosion produces soothing, quieting and pleasant treatment, it will undoubtedly be repeated. In the event that it continues to be effective, the program will be expanded, and it will be produced at the most effective times—for example, when there are callers. The child's active imagination will invent many ramifications, and may work them up to an alarming degree if the mother proves an interested audience. One little girl found she got the best results by tearing down her grandmother's expensive window curtains. She would kick and scream when anyone tried to restrain her, and no amount of punishment seemed to diminish the pleasure she got from the commotion caused by this destructive act.

## THE CHILD'S REASONS

The child's reasons for a temper tantrum are quite understandable. Under ordinary conditions his presence in the household is only one of many factors. But if he lies on the floor, screams loudly enough to provoke the comment of the neighbors, holds his breath till he is "blue in the face," or destroys something of value, life at once becomes much more interesting. Mother expostulates, threatens, perhaps even weeps. She may allow him

to do as he wished, although she knows it is not good for him, or she may bribe him to stop the noise. In any event he has the undivided attention of everyone in the whole room, and even though punishment is sure to follow, the feeling of power more than compensates for it.

The recurrence of these temper tantrums may have been fostered by many things in the environment of the child. A prolonged illness or an over indulgent parent may have given him a false idea of his rights as one of the home community. His food or elimination routine may have been disturbed, making him irritable. A tense emotional situation may have made him feel insecure, and anxious to establish the fact that he is an important member of the family. He may simply be imitating the lack of control practised by some adult member of the family.

One factor usually given too little consideration is his play. To the child play is an important and absorbing thing which helps prepare him for living. He is entitled to proper tools and freedom from interference. "Let Mrs. Smith see what a big boy you are getting to be" is never sufficient reason to disturb the child's play.

Play with other children is almost always helpful in demonstrating that temper tantrums are not socially acceptable, and that they may result in exclusion from group activities. Whenever possible the child should be sent to kindergarten as soon as he is old enough, and in any event he should not be denied the pleasure of playing with other children, even though this makes extra work for the mother. His play time should never be interrupted except to carry out his regular routine, or for some emergency. His play material should be of the simplest and adapted to his age. An old coffee can

with rounded edges and a couple of clothespins are much more fascinating to the average child than elaborate and expensive toys.

It is always important, of course, to be sure that the physical condition of the child is as satisfactory as possible. A malnourished child is very likely to be an irritable child, and is apt to suffer in his contacts with other children because he is unable to keep up with them in play. Irregular feeding hours, inadequate sleep, and faulty elimination play an important part in determining how "good" a child will be. If there is any question at all of a physical defect, a physical examination by the family doctor should be strongly urged.

If there is no physical defect, the first thing to do in combating temper tantrums is to secure the cooperation of the family, and, if the child is in school, of the teacher. Often mothers do not ask for help in the management of children, although they are anxious to be taught about his physical care. Often they resent someone trying to tell them "how to bring up my child," particularly if that someone has had no children of her own. Here is where the nurse needs every bit of her tact and persistence, for it is a long hard job to persuade mothers that it is just as harmful for Mary to allow her temper to control her, as it is for her to allow her general physical condition to be lowered by bad tonsils. They will tell you that "Johnny will grow out of it" or "I can't let him make a spectacle of me" or "all my husband's family was the same way." Although we know these solutions of the problem are inadequate, it is not enough to just tell the mother that she is all wrong. The nurse must explain slowly and carefully that the "nervous" child is almost always so because of some fault in his environment, that outbursts of temper are not passed down from father to son, but are simply the child's demand for reassurance that he is an important person. If she can be convinced that mental hygiene is as important as physical hygiene even the

most unschooled mother, given a real interest in her child, will determine that the welfare of the child is more important than the opinion of the neighbors, and will cooperate with the nurse in forming good habits.

#### TREATMENT

After we have eliminated the wrong factors from the environment, we get down to the actual treatment of the temper tantrum when it occurs. This treatment may be given in two words—ignore it! No child will hurt himself in a temper tantrum, nor will he be subject to a convulsion if he holds his breath. Vomiting a food which he dislikes will not cause the child to become malnourished. If he finds there is nothing to be gained by the expenditure of the large amount of energy required to stage a temper tantrum, the child will speedily abandon the idea. Advise the mother and father to continue whatever they happen to be doing at the time the demonstration begins, and whenever possible to leave the child in the room by himself. On no account should the child's anger be allowed to interfere with the regular family routine. If Johnnie happens to be demonstrating his vocal ability at the time lunch is being served, it will be an unfortunate but irremediable fact that the long stretch between lunch and dinner is likely to give Johnnie a feeling of intense hunger. He is very unlikely to pick that special time for his next outburst.

It is *never* necessary to resort to physical punishment in the treatment of temper tantrums. Aside from the fact that physical punishment usually entails loss of emotional control on the part of the adult, it gives undue importance to the child's explosion, and anything which keeps it important keeps it going on.

Neglected emotional training is as much a handicap to an individual as neglected physical defects, and nurse, parent, and teacher should cooperate in helping to establish such habits as will aid the child in meeting his problems with poise and courage.

## The Nursery School—A Learning - Living Place \*

BY WINIFRED RAND

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IT would, I think, be impossible for an ardent environmentalist to convince a group of nurses, who have probably been intimately acquainted with more new born babies than most people, that these babies were at birth without individuality or personality; were, in fact, just masses of differentiated cells arranged in such a way as to make human beings and that any personality they might develop was to be the product of environment only. It is the visitor looking in at the hospital nursery who says "all new babies are alike to me"—not the nurse. Nor do I think that a nurse could take the extreme opposite point of view and be the ardent hereditarian (if such a word is allowed) who would say that we are what we are in adult life because we were born that way and it couldn't be helped, an extremely depressing point of view for any one to have to take. To most nurses I would think that the new born baby appears as a tiny human being who has within itself certain powers of growth and development, who may be nurtured and fostered in such a way as to promote satisfactory growth of body and of personality, or who may be neglected or abused in such a way as to warp or stunt growth. To them the bud of a personality, a something which makes that baby from the beginning different from any other baby, is there as well as the bud of that which will be the full grown individual. But after all, whether we decide to discard heredity in its relation to personality, or to accord it some place, we can not but look on that new born baby as an extremely different human being from the individual who will stand at the other end of his span of life and who will become that different individual in the due course of living, a difference that will be brought about

because of two marked characteristics which the individual has—a great capacity for growth and a marked impressionability.

### THE SPEED OF GROWTH

Think, for example, how astoundingly busy the child is just growing in the first five years of life. A small bundle of humanity at birth, 20 inches by 6 or 7 pounds, and at 5 years perhaps 43 inches in height and weighing possibly 40 pounds. Think of the giants we would become if we continued through life at such a remarkable rate of growth! Practically helpless at birth, learning quickly to cry and to suck when the proper stimuli are received, but dependent on others for receiving the care necessary for life and comfort. Picked up, put down, covered, uncovered, bathed, dressed, fed, the new born baby—but not so the five year old. During those five years of life he has been very busy learning to live as an independent individual and he has also been very busy receiving impressions which have been influencing his attitudes and ways of living. He has learned that the toy which he has grasped in his hands falls when he relinquishes his hold. He has learned to communicate with his fellow beings by means of language. He has acquired a conception of time and space and all the possibilities of history and geography are opened up before him. He knows hard and soft, hot and cold, long and short, in fact countless things that the new born baby did not know. He has learned of physical things and he has also learned of social things. One finds that in describing a five-year-old that one can use practically any of the adjectives that may be used in describing an adult. He is called thoughtful, helpful,

\* Read at the annual meeting of the New York State Organizations of Nurses in Buffalo, October, 1929.

kind, friendly, truthful. He has a sense of property rights, a respect for the rights of others, a respect for authority, a sense of humor. He is imaginative, investigative, has an inquiring mind, a good memory, is alert, comprehends quickly. He shows certain characteristics as to moods and emotions. He is happy, contented, stable, affectionate, independent. But one might find it impossible to use such adjectives and necessary to draw upon the supply of adjectives which describe less desirable traits, as self-centered, asocial, unstable, badly adjusted, or the anti-social child whose strong characteristics have all been turned *against* his fellow men, making him rebellious, defiant, ruthless, unreliable. Were those children that way in the beginning or has life done it all?

We do not know absolutely. Certainly we could not have used all those adjectives to describe the baby in the beginning. He has *grown* to be this five-year-old that he is, he is not just an enlarged baby. He has grown and he has been affected by life. If he did have at birth certain potential characteristics they have grown and expanded and blossomed under the treatment that they have received and he has become a well-adjusted five-year-old meeting life successfully, or he has not, and there lies the challenge! Environment, the subtle play of the forces about him has had something to do with making him what he is. What then shall be the treatment that babies shall receive, no matter whether they have the beginning of a personality or no personality at birth?

#### FOSTERING RIGHT ATTITUDES

Obviously we feel the necessity for providing for the child in such a way that growth shall be promoted and that desirable attitudes toward life shall be fostered. It is so easy to make this statement rather glibly and in the next moment, perhaps, leap forward with consternation in our face and voice to the baby who has stumbled and fallen in his experimentation with walking, pick him up and cover him with kisses

before we really know whether he has hurt himself or not. Is that the best way to teach the child how to take some of the knocks of life or is that the way to develop in him the attitude of being on the lookout for hurts, of calling things hurts which are really not and of expecting that he shall receive kisses and other expressions of love whenever life hurts him? Possibly the device used to comfort him will be to call the floor naughty and spank it for hurting the baby, but is that an attitude that we want the child to have—that the thing which inflicts pain upon him is naughty? Is it to be wondered at that the child who has had the hurts of babyhood treated in that way should kick the doctor who attempts to look down his throat or make some other examination which he expects will hurt? When one realizes the sensitivity of this receiving instrument, the little child, and the enormous number of impressions that are pouring in upon him, it makes the task of providing the *right* environment for optimum development seem an almost impossible one. Perhaps if it were not for the power of compensation with which the child seems to be provided so generously it would be, for he is doubtless exposed to many mistaken practices. But there are resources available today which give us more help than we have ever had before in providing the desired environment.

This has been called the century of the child. In the field of medicine, there is the pediatrician who has a knowledge at his command of the growth of a child, and how it may be promoted and safeguarded, that the physician of a century ago could not have. He stands ready to help us in providing the *right* physical environment for the child. In the field of psychology there has developed a knowledge of the mind of the child, its capacities, its development and the factors affecting personality which should also help us in providing the right environment for the child since it helps us in our understanding of him.

**IMPORTANCE OF EARLY YEARS**

In the field of education there has come a recognition of the importance of the early years as learning years and the Nursery School has been established to join with the parents as teachers in this momentous life period. As the Nursery School has developed in this country, it is usually found to have a three-fold purpose, first, to carry on research that we may know more of this age period, its needs and expectations; second, to serve as a teaching center, teaching the care of children to preparents and parents, and third, but by no means least, to provide those surroundings and experiences in a child's life which shall promote growth and foster desirable attitudes. It must always supplement the home, *not* take the place of the home. The simplest Nursery School even though it is not equipped to carry on research or to teach students (preparents as they might be called) about the care of children must, if it is to function as a Nursery School, have at least two aims, the satisfactory growth and development of the child and the education of the child's parents in matters of child care about which those parents may need help. The Nursery School is indeed an adjunct of the home and must be a harmonious part of that home, for only by home and school working together may the Nursery School even hope to reach its goal for the child.

**LEARNING THROUGH LIVING**

There are those who do not understand what that goal really is. Accustomed to the idea of a school where the child is looked upon as a receptacle into which knowledge obtained out of a book is poured, they are appalled at the thought of an 18 months old child going to school. They think he is not old enough to learn, they think he may be over-stimulated and pushed beyond his capacity. They forget that the child is inevitably learning through living, and that the Nursery School is in reality just a living place and its aim is to be a right living place, not where

teachers pour information into the child but where he lives a wholesome happy day, and where under the guiding hand of people trained in child care he is freed to learn those things in life that are desirable to learn, not lessons learned from books but habits of living and attitudes toward life which make for physical, mental, emotional and social well being. Do not think that the home is not sharing in teaching those lessons or that it has never taught those lessons. Countless homes even before they had the scientific knowledge which is available today have served most marvelously in their educational capacity, but may they not serve better and may not more serve well now that we have more knowledge of how to care for children and now that we have opportunities for giving the home some help in this matter?

Each age has new problems to face, new situations to meet and each age must make adjustments to meet their particular needs. How many children lived the tabloid form of living of the small apartment fifty years ago? How dangerous were the streets fifty years ago? If the home cannot today offer space and safety for play and noise and exercise, if it cannot offer companionship for children with all that implies in the way of learning, must we not make some plan to supplement the home? The Nursery School does this, it is a modern development which is meeting a modern need but it is not that alone. Psychology begins with the child now, we believe in the tremendous power of environment, we recognize the importance of the first few years in learning how to live with ourselves and our fellow beings. We believe that parents need help with their task and that the Nursery School, the communal nursery as it might be called, is a way of taking care of the hours of separation between mother and child in the best possible way.

**THE DAILY REQUIREMENTS OF LIFE**

Consider for example the lessons to be learned in physical living. One de-

sires that the child shall eat well, take his nap regularly and be amenable to all the routine which makes for health.

In the Nursery School where the physical regime is not subject to the exigencies of family life neither energy nor time is wasted nor tempers lost because the child has not become intelligently and happily habituated to the daily requirements of a healthful physical life. In surroundings where there is a definite routine about such matters, where a group of children do them happily, where the physical set-up is such that the child learns to do as much as possible himself and take responsibility, learning is made easy, partly because the pleasure element enters in and because of the example of the group. But the lessons to be learned are not all in the physical realm. Lessons in emotional and social living are also learned. It is often more emotionally satisfactory to parents to keep the little child dependent on them, clinging to them for support and comfort and help, but is it better for the child? Do we want to have to call the child of five "emotionally dependent, unstable, timid, flying into a rage when thwarted" because he knows it will be successful? To fly into a rage when you can't get what you want is not unnatural at one stage of development but it is an early stage of development and one should learn by experience that such tactics do not pay. In the Nursery School where the atmosphere must be objective and serene, where the children are for the time being separated from their parents with whom the emotional bond is necessarily strong, they live for certain hours of the day in surroundings which help them to learn to stand on their own feet, to do things for themselves, without the help which mother loves to give and on which they learn quickly to depend or which they come to resent when they feel their own power to do things for themselves. No one expresses fear by look or word of the feats the two or three year old will attempt, although this is one of the hardest lessons for the Nursery School

teacher to learn, and the child learns to measure his own prowess with intelligence and to take bumps which come from heedlessness with the right degree of stoicism. There may be tears for the legitimate hurt but bravery, even in the face of hurts, becomes the desirable goal and the forced wail which is 9/10ths a bid for attention and 1/10th for the hurt has no legitimate place.

#### TREATED AS AN INDIVIDUAL

In the Nursery School the child finds that he is respected as an individual, he is told the truth about all things, he experiences fair play, his property is respected. He is laughed *with*, not at; his honest attempts at accomplishment are recognized as such and not ridiculed. The needs of the child are the first consideration, he is never called upon to give pleasure to an adult and then dismissed when the adult has had enough. He finds the authority that is exercised over him is reasonable. He may not always understand the reasons for certain requirements but he has learned by experience that the thing which is required of him is required because it is the right thing to do and not because it is the whim of an unreasonable adult who enjoys exercising authority.

As has also been said the purpose of the Nursery School would be defeated if the home too were not offering similar desirable opportunities to the child and it therefore realizes that home and Nursery School must work in closest harmony, each aware of what the other is doing and each profiting by the information which the other has to give about the child. The home offers what the Nursery School can never offer, there the child receives his first and probably never-to-be-forgotten lessons in living; there are his first emotional experiences which should be the sure foundations from which his whole emotional life is to expand, there he has that special love which every little child needs as part of his daily living, but not for all of it. In the school the child, trustful and secure in the wise and I believe I may say loving care

which is given him by the Nursery School teachers in company with other children, learns to live without being totally dependent on a parent's devotion which he shares with no one or with very few. In these important learning years the home finds the Nursery School of great assistance in making these years profitable learning years for the child.

### THE CHILDREN'S FUND OF MICHIGAN

The Children's Fund of Michigan is made possible through the generous gift of Senator James Couzens of \$10,000,000.00 for the "health, happiness, welfare, and development of children in Michigan, primarily, and elsewhere in the world."

The Child Health Division is the first division organized in which public health nurses have a large place. The nursing service is county-wide in its scope. The program is one of Child Health Education in all its phases which includes prenatal, postnatal, infant, preschool and school child care. It seeks to prove to the local people that morbidity and mortality rates among children can be materially decreased through proper health measures and education.

These demonstrations are to extend over a period of time with the thought that the local groups will take over the work when financially able and when they realize the importance to the community of such a service.

The counties to which nursing service has been allocated are requested to organize an active county child health committee to consist of the key people of the different sections of the county. These representatives are to act as chairmen in organizing local sub-committees in their respective communities. This committee is invaluable in that it will bring to the attention of all the people the aims, purposes, and problems of child health in the county.

Another request made by the Children's Fund of Michigan is that the county provide adequate office space with modern equipment such as heat, light, telephone, desk, files, some stenographic assistance, and regular office supplies. It is the thought of the Children's Fund of Michigan that all such overhead can be readily provided with but little extra expense to the county.

The counties receive the nursing service without expense, which includes the nurse, her car, and her equipment.

The present budget calls for a staff of twenty-five nurses who are or will be placed in approximately twenty counties in Michigan.

The requirements for the nursing service are:

Educational: Graduation from an accredited high school.

Professional: Graduation from an accredited school of nursing conforming to the standards of the National Organization for Public Health Nursing.

From eight months to a year under nursing supervision on a well-organized public health nursing course of one year in a university.

Registration in Michigan.

The nurse owns her own car for which maintenance is provided by the Children's Fund of Michigan.

The opportunities for self development in the county nursing program are many. Initiative, resourcefulness, and organizing ability are brought into full play. It rests with the nurse for the most part to see that the county is brought to a realization of the value of a healthy, happy childhood.

*Edna L. Hamilton, Director, Division of Nursing*



## New York Experiments in Statewide Staff Education

By ADA BOONE COFFEY, R.N.

Extension Secretary, Public Health Nursing,  
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**S**TAFF education has come to be one of the most important and most commonly discussed necessities of progressive public health nursing. With the ever enlarging scope and rapidly expanding field of public health nursing, it is evident that more intensive staff education is called for if public health nurses are to fill the place in health education which is expected of them.

State Departments of Health have the special responsibility and obligation of furnishing to the rural nurses some practical form of supervision which will serve to stimulate and develop well rounded public health programs in these newly opened fields. Supervision must take the form of teaching and developing initiative in individual workers or it resolves itself into a kind of inspection and checking which is unwelcome and almost useless.

### THE NEED

Staff education has long been an established fact in organizations employing a number of nurses under a director but little or nothing has been done to bring this type of continuous education to the large numbers of nurses working alone or on small staffs without a nursing director or supervisor. Many public health nurses who have taken positions in counties, towns and villages have come from city staffs where they have formerly had the advantages of staff education programs, and when they find themselves isolated without the stimulation brought about by the exchange of experiences with fellow workers they oftentimes become discouraged, lonely, and overwhelmed with the diversity of problems which they feel unable to solve alone. This is undoubtedly one of the reasons for the frequent turnover of personnel in the more isolated areas.

This frequent turnover of staff in the rural districts is a much more serious problem than in cities, for two reasons: first, because rural people are not accustomed to having public health nurses or other welfare workers coming into their homes and they are less prepared to receive the advice and help of strangers. Once the worker gains the confidence of the rural family, the chances of service are great and the cooperation of the family is usually assured—but a change of nurses frequently means that this process of establishing confidence must be repeated. The second reason is loss of time because of an unfamiliarity with the district. A city nurse who takes up a new district has a limited territory with definite street addresses and floor codes, but the rural nurse must find her families without these definite directions and it is not always easy to follow the hazy instructions furnished by neighbors. A rural public health nurse soon finds that she has to depend to a great extent on her own exploration of the district to locate the families in the greatest need of her help.

In addition to the rural nurses, there are a large number of nurses working more or less independently in small cities, very frequently doing specialized nursing—school nursing, child hygiene, communicable disease, tuberculosis or one of the other types of public health nursing. These nurses are usually employed by more than one organization and very rarely has any concerted effort been made to correlate their activities. This group of nurses is in as great need of staff education as are the rural nurses.

Nurses who are specializing are always in danger of losing sight of the broader aspects of the health of the family, these being submerged by the special problems with which they are dealing. There is an equal danger that

the generalized nurse covering a zone or an entire municipality may reverse this order and lose sight of the finer points in the health supervision of special problems. The two groups need to keep in touch with each other so that there will be consistent and harmonious teaching in the homes.

#### A STATE-WIDE EXPERIMENT IN STAFF EDUCATION

The Division of Public Health Nursing of the New York State Department of Health, realizing all of these situations and desiring to serve the public health nurses of the State in the most constructive and progressive way possible, has devised an experiment in staff education on a statewide basis.

At first thought this plan seemed visionary and entirely too ambitious to be feasible but after much consideration and discussion it was decided to attempt the experiment. A Correspondence Course in Public Health had been conducted by the State Department of Health and New York University for seven years. This correspondence course furnished to public health nurses a home study course covering the broader aspects of public health. Home study with criticisms by correspondence, is a cold and impersonal method of teaching, and written criticisms from a distance cannot give as much help in the solution of individual problems as the situation frequently demands. A great many nurses enrolled for this correspondence course but many dropped by the wayside. It needed the injection of some vitalizing element and it was felt that the vital element required was probably personal contact. So, with the evident need of conferences of local workers as the *incentive*, and with the already functioning home study course as the *medium or vehicle*, the experiment was launched.

#### DEVELOPMENT OF THE PLAN

The plan was first presented at the Annual Conference of Health Officers and Public Health Nurses in Saratoga Springs the last week of June, 1929. The needs, advantages, difficulties and

outlines of the plan were discussed, first, at a round table conference of directors of visiting nurse associations and supervisors of both private and official agencies. The general director of the National Organization for Public Health Nursing was chairman of this conference. The Education Committee of the N.O.P.H.N. made the following statement regarding the plan: "that as a device for staff education the Committee was interested in this effort and could encourage it as such, but not in lieu of a postgraduate course."

Next, a summary of this conference was briefly presented at a general session of the public health nurses of the State. In July, a printed announcement of the plan of organization with an application for enrollment was sent to all public health nurses in New York State, outside of New York City. An enrollment of over 500 nurses was the result.

By grouping the applications according to the residence of the nurses, twenty cities were selected as conference centers—these centers being accessible to the greatest number of applicants. Monthly conferences of two hours length under the leadership of well qualified public health nurses as instructors were established and the first meetings for the twenty groups were held in October and have continued monthly throughout the year—the last of the nine conferences to be held in June, 1930, concluding the first year of the experiment.

Eighteen public health nurses were selected as group leaders—two of the number taking two groups each. Of these eighteen leaders, six are local nurses holding executive positions who have given their time and effort to this project, at considerable sacrifice of leisure. The other twelve leaders are staff members of the State Department of Health who added this new activity to their already heavy schedules. Too much credit cannot be given to these group leaders who have made this program possible.

The name of Correspondence Course

was changed to Extension Course in Public Health for Nurses and the Syllabus of this course, which consisted of 18 lessons, was so arranged and the lessons so combined that they could be covered in nine conferences. The lessons were mailed to the nurses at least a month in advance of each conference and the nurses were expected to spend about twenty-five hours in preparation for each conference. Outlines of discussion points and review quizzes for each conference were supplied to the group leaders by the Extension Secretary that there might be as much uniformity as possible to the discussion. A written mid-year and final examination are required. At present writing, May 1, 1930, there are 444 nurses carrying the course by the conference method and 138 who, for one reason or another continued by the old correspondence method, making a total of 582 nurses taking the Extension Course. Classified as to the type of work in which these nurses are engaged they are as follows:

Type of Nursing Work	By Correspondence	By Group Conf.	Total
General Public Health .....	43	166	209
Specialized Public Health .....	27	179	206
Industrial Plant .....	6	15	21
Medical Social Work .....	..	6	6
Private Duty .....	40	36	76
Institutional work .....	12	23	35
Student P. H. Nursing, Teachers College, Columbia University .....	..	1	1
Unemployed .....	4	19	23
Unknown .....	5	..	5
	137	444	582

The 444 nurses of the group conferences classified as to years of high school:

1 year high school .....	37
2 years high school .....	90
3 years high school .....	68
4 years high school .....	203
Unrecorded or indefinite .....	46
Total .....	444

Of this group 142 have had resident postgraduate courses in Public Health Nursing. Besides these 444 nurses taking the course there are 16 others who previously completed the old Cor-

respondence Course and who are reviewing the course by the conference method.

While many difficulties have been encountered, due largely to the limited time for the organization and to limited personnel at headquarters, the scheme has accomplished the objectives for which it was devised. In planning for the fall of 1930 an effort is being made to eliminate the difficulties of this first year, the successful features being retained and elaborated to meet the evident needs.

#### PLANS FOR THE FALL OF 1930

Beginning with this year, nurses will be expected to complete the course within one year and will not be carried over into another year unless an acceptable reason is given in writing. Sickness is usually the only reason accepted.

The course is divided into nine sections, one section to be completed each month before the regular conference meeting.

October—History of Public Health and Public Health Nursing.

By Correspondence	By Group Conf.	Total
43	166	209
27	179	206
6	15	21
..	6	6
40	36	76
12	23	35
..	1	1
4	19	23
5	..	5
137	444	582

November—Theory and Application of Vital Statistics.

December—Infection and Immunity.

January—Maternal Welfare (including the new-born baby).

February—The Young Child (infant and preschool).

March—The School Child and the Adolescent.

April—Adult Hygiene and the Most Important Diseases Causing Disability or Death.

May—Group Teaching.

June—Community Organization.

#### REQUIRED READING

The State Department of Health will supply free a collection of important papers by leading authorities in

the public health field reprinted in one booklet, also a manual of instructions and study outlines, and supplemental leaflets published by the State.

The nurse herself will be required to own *Public Health Nursing* by Mary S. Gardner; *Public Health and Hygiene* by Charles Bolduan, M.D.; *Mental Hygiene and the Public Health Nurse* by V. May MacDonald; and *THE PUBLIC HEALTH NURSE* magazine.

#### REQUIREMENTS FOR THE COURSE

All applicants must be registered nurses. The enrollment will be limited to 500 nurses and will be closed July 15, 1930. Preference will be given in the following order:

(a) Nurses within New York State employed as public health nurses or as social or welfare workers. The term public health nurse includes all visiting or district nurses, industrial and school nurses as well as those called public health nurses.

(b) Nurses within New York State who have had previous acceptable experience or postgraduate study in public health but who may not be so employed at the time of application.

(c) Other exceptional cases within New York State who apply and submit in writing acceptable reasons for enrollment.

(d) Outside of New York State—in the same order as above.

Matriculation with New York University, and payment of fee.

Approximately 232 hours of home study is necessary to satisfactorily complete the course, and attendance at a monthly conference of 2 hours in length beginning in October, 1930, through June, 1931. For those nurses who are not so situated that they can attend the monthly conferences, a week of residence work will be arranged. This residence week will include lectures and discussion of the nine sections. Residence week is usually arranged for the last week in June at Saratoga Springs in conjunction with the Annual Conference of Health Officers and Public Health Nurses. Those attending the monthly conference will not be required to attend Residence Week.

At the completion of the course, nurses will be given a certificate of two

extension credits by the Extension Division of New York University.

#### CONTINUATION STUDY GROUP CONFERENCES

The majority of the nurses carrying the Extension Course by the conference method during the year beginning October, 1929, have indicated that they would like to continue with outlined study and monthly conferences. This expression from the nurses shows that the experiment in statewide staff education filled a need and to be completely successful should be continued.

The group leaders and many enrolled nurses have felt that there has not been enough time for detailed discussion of practical points of nursing procedures during the first year's work; that the lessons and conferences of necessity covered so much ground and such a wide variety of subjects that only an introduction to the general field of public health nursing was possible. This is agreed to by those responsible for the course, who feel that the first year's work is only the background for further study and should be considered as such and continuation study planned for those who have completed the preliminary course. Plans are therefore being made for continuation study groups throughout the state at the most convenient centers.

Eligibility for enrollment for continuation study groups:

Registered nurses who have had at least four months approved postgraduate study in public health nursing at a college or university, or registered nurses who have completed the Extension Course in Public Health for Nurses or the Correspondence Course. No fees are required; the only expense being for required reading material.

While it is too early to draw any definite conclusions, the fact that twenty groups have held together for the first year; that the interest and amount of study has increased, rather than dwindled; and the fact that at least three-quarters of the enrolled nurses have stated that they wish to continue outlined study and conferences seem to be proof enough that the plan is workable.

# Advantages and Disadvantages of Incorporation for Public Health Nursing Agencies

BY CLARENCE KING

Member of the New York Bar; Consultant to Social Agencies; Instructor in "Administration of Social Agencies," New York School of Social Work

THE arguments for incorporating a public health nursing agency are the same as for incorporating any other social agency.

## ADVANTAGES

### *It facilitates bequests:*

In several states, a bequest directly to an unincorporated association is absolutely void because "the persons constituting its members are a fluctuating body unknown to the law, irresponsible to the courts and incapable of receiving a gift even for a purpose which the law denominates as 'charitable'." (Zollman, American Law of Charities, Sec. 367.) Nor can this invalidity be cured by incorporating after the death of the testator. The only way that a testator, in these states, can leave his property to an unincorporated association is to bequeath it to a trustee for the benefit of such an association.

Other states are less rigid in this regard and permit bequests to unincorporated associations if it can be proved that their purpose is "charitable." But even in these states, if the association were incorporated, it would facilitate prompt payment of the bequest and might avoid the necessity of a lawsuit to get it.

### *It limits liability:*

If a commercial enterprise is operated on a partnership basis, any partner may be held personally liable for the full amount of any debt incurred by the organization. One of the chief reasons for incorporating a commercial organization is to limit this liability and to compel the creditor to proceed solely against the corporate property.

A member of an unincorporated social agency is liable to the same extent as a member of a partnership if it

can be shown that he concurred in authorizing the officers of the agency to incur the obligation. By incorporating, this liability is avoided. In some states the directors are still personally liable if the property of the agency proves insufficient to satisfy the debt. (N. Y. Membership Corp. Law, Sec. 11.)

### *It facilitates business relations:*

In some jurisdictions, an unincorporated association cannot hold real estate except through a trustee, and in some states it has no right to sue in the courts. In general it is simpler and easier for a corporation to enter into contracts and other business relations than it is for an unincorporated body where ownership and responsibility are distributed throughout a changing, many-headed group.

### *It inspires confidence*

Undoubtedly the fact of incorporation tends to inspire confidence among those who deal with an agency and suggests permanence and stability. Many associations and clubs are loosely organized in a perfunctory manner for a temporary period. The act of incorporation requires the official approval of the state and seems to imply more careful consideration and soundness of purpose. A corporation will presumably continue indefinitely in spite of the death of the incorporators. The word "incorporated" printed after the name of an agency probably suggests something of all this to a prospective contributor and may favorably affect his gift.

## DISADVANTAGES

The arguments against incorporating a public health nursing agency or any other social agency are:

*The expense:*

This is slight. There is a small fee for filing the certificate of incorporation. In some states this is \$10. The amount of the lawyer's fee would of course vary. Some agencies have lawyers on their boards or indirectly connected with them who would be willing to volunteer their services. Other attorneys would be willing to draw and file the incorporation papers for a very moderate compensation.

*The "red tape":*

Certain prescribed regulations must be complied with because required by law. In some states the statute specifies how the meeting to vote on the

question of incorporating shall be called together and how long notice shall be given. In some jurisdictions a unanimous vote of all members present at the meeting is necessary.

*Governmental supervision:*

This is theoretical rather than actual. The New York Membership Corporation Law, for example, provides: "All membership corporations with their books and vouchers shall be subject to the visitation and inspection of a justice of the supreme court or of any person appointed by the court for that purpose." (Sec. 16.) In practice this power is seldom used nor should any properly run agency object to such an inspection.

## OF RURAL INTEREST

The Conference of Southern Mountain Workers held at Knoxville, Tenn., March 25 and 26, was an inspiration.

Coöperation and understanding of problems other than our own, seemed to be the keynote. The frankness with which the conference discussed the welfare of the mountaineer, from the effects of industrialism after migration to a mill town to the coöperative marketing of potatoes in his own county, was noteworthy. The change of focus from "what we are doing" to "how we can be part of the whole large social movement," is significant for public health workers as well as Southern Mountain Workers.

*Robina Kneebone, College of William and Mary, Richmond, Virginia*

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A report of the coöperative rural health work in the Public Health Service for the past fiscal year has recently been issued. At the beginning of 1929 there were 467 whole-time county or district health officers in the United States. The principle of coöperative rural health work appears sound in theory and successful in practice.

The unit for the work, as a rule, is the county, but it may be a group of townships in the same vicinity or a district comprising two or three adjacent counties. The average coöperative demonstration project is conducted on a cost basis of less than fifty cents per capita of population served and furnishes a striking example of efficiency with economy in public service. In many counties efficient whole-time county health service can be provided at an annual cost of less than two dollars to the local taxpayer with real property assessed at \$5,000 to \$6,000.

An annual budget of \$10,000 will provide in most sections of this country the services of a county health department force consisting of one whole-time health officer, one whole-time sanitary inspector, one whole-time health nurse, and one office clerk. Such a force can render highly effective health service in any county with a population under 25,000 and an area under 500 square miles. For larger units of population, larger forces are needed and should be provided, especially after the first year or two of operation.

*Bulletin, U. S. Public Health Service*

## Community Organization for Health \*

BY HESTER VINEY, S.R.N.  
Cintra, Swanage, Dorset, England

THE title of this paper is significant, and makes us pause and look back upon the long hard road which we have traveled since the quest for health became one in which both the individual and the State have assumed a recognized responsibility.

It is not yet 100 years since in England the first great Public Health Act was placed upon the statute book; a wide and comprehensive codifying Act on which the whole sanitary organization of Great Britain and of many parts of the Empire has been based. It was in this Act that the basic principles of communal hygiene were first laid down in Parliament.

The powers of English local health authorities have gradually been greatly increased, particularly by the Local Government Act of 1929, by which the administration of the Poor Law now comes under their control. The Poor Law was founded upon an Elizabethan Act which dealt with the social conditions in England resulting from the dissolution of the Pre-Reformation religious houses.

Today a full survey of the organization for health reveals the extent to which the State in England has become involved in guarding national health; a care which is as much personal as environmental and from which has been evolved an extremely elaborate system of curative and preventive medicine.

There has never been any complete national health scheme laid down; but the whole organization has grown up as each separate need has been recognized and as public opinion has grown clamant for reform. This way of extending our national service has resulted, sometimes in a wise use of an

existing voluntary organization, as in the employment of district nurses for public health duties, sometimes in a deplorable overlapping of functions, as in the National Health Insurance Act, which is uncoordinated with the health service or with the voluntary hospitals.

The greatest stimuli to reform have been the disastrous outbreaks of contagious diseases, especially cholera and smallpox; the revelations of social reformers of shocking conditions in hospitals, asylums and prisons, of the sufferings of children in industrial life, and also an appreciation of the sorrow and suffering inflicted by war.

In modern England the local government authorities are defined by the curious and ancient boundaries of the counties, those of the old Chartered Boroughs and those of the new County Boroughs and the smaller county districts. These local health authorities are responsible for general sanitation, housing, and for most of the roads in their area. They have wide powers for providing every kind of educational service: for the care of mothers and young children, medical inspection of school children and a measure of control over industrial conditions. They are bound to provide for mental defectives and the insane, to find remedial and preventive measures against contagious diseases, tuberculosis, venereal diseases, and to make special provision for the blind and for all defective children, blind, deaf and dumb and mentally defective and disabled. They control midwifery practice by their official supervision.

The great and important Act of 1929 now places the care of the old people, the destitute, wayfarers and destitute children under the same local authorities, who will acquire from the

\* Paper presented at the Congress of the International Council of Nurses in Montreal, July 12, 1929.

former Poor Law authorities all the institutions provided by them, *i.e.*, the infirmary hospitals, children's homes and workhouses.

Superimposed upon this complex structure and uncoordinated with it, we find the national insurance schemes which cover risks to health, accident, disease and death, making special provision for maternity, benefit for widows and orphans and old age. This insurance has been beneficent in its influence and we look forward to its correlation with our health services.

This hasty sketch of the responsibility of the State to the health of the community merely serves to demonstrate the principles which underlie our modern philosophy of the duty of the State as expressed, through an ever-widening franchise, by the will of a free democracy. The State is but the instrument of the common will and it would appear that the common will is directed with a singular persistence towards a national ideal of health and happiness. We have but to consider the effect in any of the more progressive countries of a movement towards abolishing State control of health to realize how completely the modern citizen has accepted this principle, which but one hundred years ago aroused an extraordinary bitterness and opposition.

#### ONE DANGER

And yet in this very acceptance lies the gravest danger to real reform. It is, as all of us know only too well, fatally easy to mistake organization for progress, to allow retrogression to be masked as a forward movement, to act as though work undertaken by government has no relation to the responsibility of the individual, and to be blinded by the very extent of state or voluntary provision made in response to the urgency of unrecognized social needs.

From the sufferings of the children under industrial conditions arose the social and hygienic legislation of our day. The State set out to save the child, but it is the child who has ultimately saved the State, so beneficent, so far-reaching, so humane have been

the laws placed upon the statute book of our country to guard the young child in our midst.

It was a natural corollary that in protecting the child, women, as the actual or potential mothers, should also be protected and under the same law. This aspect of women has undergone a marked change since the War. Women, formerly the object of protection by the State, are now powerfully enfranchised citizens; no longer legislated for, but able themselves to legislate widely and humanely for the furtherance of national health. We have, therefore, in our country, as in many others, the following factors making for health: a wise code of law, men and women fully enfranchised, an ever increasing wealth of scientific and medical knowledge, an extensive system of education by school and university.

#### THE EDUCATION OF WOMEN

Why, then, do our mothers and children die of preventable diseases? Why do we have the great scourges of venereal diseases and tuberculosis? Why do one-third of our children come to their first school days with gross physical defects? Who is ultimately responsible for laying sound foundations of health in young children and maintaining them by wise supervision?

The woman is responsible for the health of the children and the woman is ignorant and untrained for her task. If, therefore, the fault be in the ignorance of woman, then the remedy lies in her correct education. As nurses, belonging in each country to the leading branch of our profession, we must face this question.

Does a woman's education fit her adequately for this office of a wife and mother? Should we as nurses tolerate year after year a system which turns out of our girls' schools hundreds of women, ignorant of this most responsible duty—motherhood?

We should study closely our national educational methods; by coöperation with our educational authorities and by our own devotion to the cause we should alter in every country the education of women; we should train

nurses to take their place on the teaching staffs of our schools and universities; we should by our knowledge and experience see to it that our future mothers understand as thoroughly as we do ourselves how to guard and maintain national health. It is a great task lying before us. To teach health is not easy. Can we, in any country in the world, find an educational system planned to fit a woman adequately to deal with this vital test of establishing sound health in each child born? Not in my country; I doubt whether in yours.

I suggest a resolution to you, and after you have discussed it, I hope we may so forward it to the Executive Council of the International Council of Nurses:

That this Round Table considers that the ignorance of woman on her duties as a wife and mother is an important factor in delaying the progress of national health in all countries, and that this ignorance arises from the fact that the education of women has been modeled too much upon that of men, and is therefore defective in preparing a woman for her duties.

The conference therefore requests, that in view of the urgency of this question of national health the nursing profession in each country should, before the next Quadrennial Congress, coöperate with their national educational authorities to make a survey of the provision made for the education of women in their countries, and should, before the next Quadrennial Congress in Paris, draw up by joint effort constructive proposals whereby the education of women will ensure in each nation an adequate training in all the subjects in which she should be instructed and which bear upon the health and welfare of the family and the home.

### JUVENILES

The first shoes of the child should merely be a protective covering; but after two years of age, they should be more substantial; and parents must be educated to the type of footwear proper for the early period of growth.

The essential points to be incorporated in the "ideal seven-point shoe" are: breadth of toe; length; depth and fullness of the toe; close-fitting, well-shaped heel tapering at the top to fit the natural conformation of heel-bone (*os calcis*); depth of the vamp at the back (*dorsum*) of the foot and over the front of the instep (*metatarsus*) to the sole; broad, flexible sole with straight outside bearing from the top of the little toe to the side of the heel; and moderate height of the heel.—*Proper Shoeing of the Child*—John D. Adams.

The Commissioner of the South Australian Railway has placed a room at the new Adelaide central station at the disposal of the Committee of the Mothers' and Babies' Health Association. Here a trained nurse has been installed, and this boon to mothers traveling with young children will be much appreciated either on a long journey or from suburbs or country districts.—*Una*.

#### Right Methods of Punishment for a Child:

##### *Depriving him of pleasures.*

- Take away his toys.
- Refuse to let him have company.
- Leave him at home when making a visit.
- Refuse him the privilege of doing errands.

*Making the child feel for a short time that he has lost the parents' approval.* It hurts a child to know that he has disappointed his parents, and that they do not love him.

*Placing the child off by himself.* This may be in a room, or it may be merely a mental separation.—*Minneapolis Infant Welfare Society*.

The establishments of Villard de Lans in France, in the beautiful region of the Alps, have gradually come into being over a number of years. For undernourished and sickly children a sanitary village of chalets arranged in detached groups has been built, each chalet can accommodate one or two families. A special village for children without their parents has also been built. A special institute of physiotherapy, with a pavilion for sick children, has a park, golf course, tennis courts and swimming pool. Other buildings take care of groups of younger children, and children sent by social groups, for short periods of mountain air treatment. Physicians, nurses, and "assistants" supervise treatment and care of all groups. Remarkable results have been attained.

# The Playground Movement

BY M. CARTER ROBERTS

EDITOR'S NOTE: Playgrounds and recreational facilities for children are notable health possibilities. From the information we have been able to gather apparently there is little connection between playground activities and those of the local public health nursing agencies. This seems to us a possible loss of opportunities both during the summer, and also as affording valuable contacts for later months.

The playground movement began officially in this country just twenty four years ago when the growth of local playground associations had reached a point at which it was felt that a national organization could best handle their interests. A group of leaders met, accordingly, to form a society that should undertake just that. They convened in Washington, in May, 1906, and with the encouragement of President Roosevelt, they planned their organization now known as the Playground and Recreation Association of America.

## *The Original Impetus*

The local efforts for adequate play measures which had formed the impetus toward national organization dated back to 1886 and came from very small beginnings, a sand garden in a Boston mission yard being the first member of the playground species extant, according to all reports. This institution was designed simply for child play and for that end simply equipped. It contained a sand pile, swings, see-saws, and slides. Beyond the provision of these things it had received little attention; a matron in charge admitted children at certain hours on certain days, distributed the toys, sent everybody away at an appointed time and locked the materials up again, and that was all. Only pre-adolescent children were permitted. The simplicity of its arrangements, moreover, accorded perfectly with that of its *raison d'être*, for prints of the time explain that, by providing a place for their children to play, the inhabitants had secured a pleasant assurance of their off-springs' safety without having too much bestirred

themselves, and that, also, the streets were much clearer.

## *The Spread of the Movement*

Once it was begun, however, the movement spread. Other sand gardens were established throughout Boston, and Northampton, in 1885, established an out-door gymnasium. New York followed with the establishment of a sand garden playground in 1889, the gift of two philanthropic ladies. In 1893 Philadelphia had two playgrounds (philanthropically maintained), and in 1894 Chicago and Providence instituted theirs. And so the movement continued to spread until in 1906 when organization on a national plan was felt to be opportune, there were seventy-one cities with playground provision. But by that time the popular thought about the nature and purpose of a playground had changed.

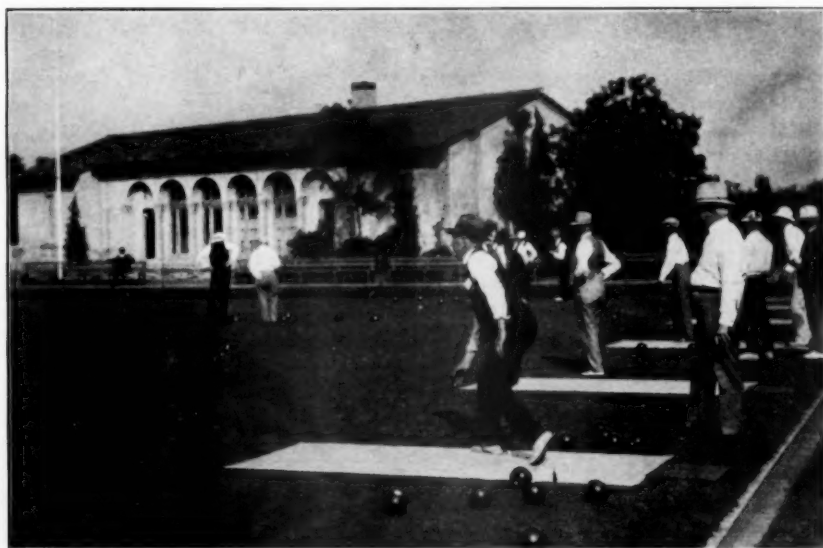
The child was no longer relegated to a simple lot, vacant save for enough distractions to keep him from killing himself under the wheels of carriages. The "model" playground was by then the type of recreation in which cities invested and it was decidedly different in form from the humble and primitive sand garden. It was more elaborately equipped, for one thing, and it was designed to attract more people. Not only did it institute the novelty of games for the older boy and girl, but it invited parents as well, and provided seats on which fathers and mothers might sit when their children were engaged in sport. Over its activities was the supervision of an older person, wherever possible one with some training, and the "model" type was undoubtedly a great improvement. Its activities, none the less, were much the

same type as those of the sand garden, that is, they were limited to manual and physical interests.

The need for a still further service to be rendered by the playground was eventually met when the playground associations began to form extensive programs, endeavoring to provide for their communities with an efficient

operation in their villages, cities, counties and townships of a system of public recreation and playgrounds.

The advantage of trained leadership is recognized and properly educated instructors are at a premium. The spread of the movement since its modest institution in the Boston mission can leave little belief that it is a



*Courtesy of the Playground and Recreation Association of America  
Community Recreation for All Ages*

avoidance of waste or repetition of effort. At this point naturally, that is, at the point at which a logical study of sources was made, the problem became one of deciding just what a playground might ideally do. It was then that national organization was undertaken and as a result, we have today a type of playground service which meets physical, manual, aesthetic, social and civic needs for its community when it is functioning under favorable conditions. The modern playground, indeed, is planned as a neighborhood center, fitted with a club-house and regarded as a genuine community project.

There were in 1928, 12,159 play areas under leadership in 872 cities. Of these 1,265 were year-round playgrounds. Twenty-one states have passed home rule bills authorizing the

temporary or extraneous thing in American life.

The activities practised in these modern community centers are likewise grown vastly beyond their humble original scope. At present so wide is their variety that it is customary to arrange them seasonally. Tennis, track, football, baseball, various forms of dancing, volley ball, swimming, pageantry and hiking are common outdoor occupations and fit naturally into the schedule of playgrounds which are open during the summer. The year-round type has volley ball, basketball and indoor baseball leagues, gymnasium classes, dramatics, community music, social evenings, handicraft classes, holiday celebrations, clubs for children of different ages, and hiking. Local conditions are utilized generally for additional features in the program,

snow or water carnivals, etc., being staged when weather and surroundings suggest them. Most centers have, in addition to strictly play equipment, reading rooms and library.

### *Playgrounds and Health*

The effects of the maintenance of a playground in a community are impressive when they are ranged beside their simple source. Swings, slides, ladders, climbing-poles, teeters, swimming pools, baseball diamonds, etc., are very simple structures to be influencing the present and future welfare of a generation. Nevertheless, there has been a steady decline in delinquency and accident figures in every playground city from which statistics could be obtained.

It has, however, within recent years come into the range of the playground director's plastic possibilities to consider positive health benefits for the children in his care as well as those which are reaped from the removal of the young child from the streets. The mere fact that a child is playing has not satisfied the intelligent playground teacher. There is as much scope for individual attention in his play as there is in the work of the schoolroom. Youngsters who would be better off with rest periods interspersed throughout their play are sometimes led by their enthusiasm to overplay, and so keep themselves under weight. Principles of health supervision and instruction were accordingly incorporated into the play programs in order that the

benefit begun by the child withdrawn from the streets might be progressive.

Child health authorities tell us that every child needs at least three hours a day of active, vigorous play, that exercises the big muscles of his body. If this becomes a habit in childhood, love of outdoor exercise will be carried over into old age.

Suitable physical activity and outdoor exercise increases the respiration, develops the lungs, stimulates the circulation, strengthens the heart, produces a normal, healthy appetite and aids the process of digestion. Some time ago a mother in a western town came to the recreation superintendent in much surprise after the establishment of a playground in that community, saying that her little girl had played outdoors all winter and hadn't had a cold during the season—something which had never happened before.

Finally, the aim of play is well stated by Joseph Lee, the president of the Playground and Recreation Association of America:

"Of course child health is one of the great things to be sought, but I don't think it ought ever to be made primary by our association. Because for us health is not an end but a by-product. The end is play, and even that is not quite the end. The real end is the service of the play spirit. That is the way the child feels it. He is not seeking health and not seeking self-expression, not even seeking play. He is seeking something that comes to him from a spirit bigger than he is, to which he gives himself. It is like giving yourself to the river and letting it carry you. The attitude is one of giving your life, not of seeking it, and I think that is the attitude which on the whole brings health."

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### PUBLICATIONS OF THE PLAYGROUND AND RECREATION ASSOCIATION OF AMERICA 315 Fourth Ave., New York City

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|---|--|
| <i>Normal Course in Play, The.</i> \$2.00.            | <i>Fun for Everyone.</i> \$.50.                |
| <i>Play Areas—Their Design and Equipment.</i> \$2.50. | <i>Recreational Games and Programs.</i> \$.50. |
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| <i>Recreative Athletics.</i> \$1.00.                  | <i>Conduct of Community Centers.</i> \$.25.    |
| <i>Games and Play for School Morale.</i> \$.25.       |  |

## On the Advantages of Getting Into a Rut

BY N. PAULINE MYERS

Perry County Public Health Nurse, Hazard, Ky.

WHEN I was a very young nurse, the first tenet of my professional creed was, "Thou shalt not get into a rut." New places, new patients, new duties, and new routines were, I thought, essential to me. I felt that I needed the stimulus of strangeness to keep my enthusiasm to the pitch where I could do my best work.

Grown older and wiser, I see in my own smooth rut unimagined beauties. My rut leads past the homes of my old friends. It takes me to Uncle Nathe's house in its tiny clearing in the virgin forest, where an old world patriarch rules his clan as Abraham and Isaac must have ruled in the ancient days. Sitting beneath his spruce-pine, I listen to Uncle Nathe's mellow wisdom and ask his advice on the many and perplexing problems certain to trouble a "furrin" woman in her contact with that unexplainable miracle of seventeenth century survival—the mountaineer.

"Them Holland gals, now," says Uncle Nathe in his most judicial tone, "Gee—oh, I don't know what we're going to do with them. The stock behind them is rotten, and you can't no-wise rise above your blood. But they are plain purty gals and smart too. Seems a shame to see them agoin' to the dogs like they be."

Timidly, I suggest boarding school. Uncle Nathe ponders. "It might work," he concedes, "but where's the money to come from?"

"I'll attend to the money," I say, "if you'll make Bud and Sally let them go."

"Bud'll do as I say," declares Uncle Nathe, and knowing the affair as good as settled, I go joyfully about rescuing the Holland gals from their environment.

Past the two-room hut at the head of the "holler" my smooth rut leads, where my own special miracle lives.

When I found him two years ago, he was a pitiful little crab, scooting about on his calloused hands, pushing useless limbs before him or dragging them after. Born into the poorest and most ignorant family, paralyzed before he was a year old, he had never walked, never been "out of the holler," and lived like a little animal until Aunt Cinda called me in one day and took me up the "holler" to see him. It was Aunt Cinda and not the "furrin nurse" who finally prevailed upon the father to allow him to be taken to a crippled children's hospital in Louisville. A year there and he came home walking, clumsily and slowly, it is true, and with heavy braces, but so changed that one who knew him said, "You have saved, not a body only, but a soul."

One day my rut takes me to a little one-room school where the children, who last year ran like frightened rabbits at my approach, rush out to meet me and quarrel over who is to carry my saddle bags. "See my vaccination! It didn't hurt a bit—hardly!" "My tooth brush is wore out. Did you bring some more?" "Mom says for me to tell you that the twins ate up the last baby book you sent her and can she have another one?"

Before my rut was formed there, a mother threatened to shoot me if I dared to vaccinate her child. This year she is back with her whole family from "grandsir" down to the "least un," to be vaccinated "agin" small-pox and diphtheria, too, and "ain't there some kind of medicine to put in children's arms to keep them from gettin' this here para-lysis?" Beautiful rut that brings such marvels to pass!

I stop to see Mrs. Gray, half blind, pottering around among her late flowers. She was "ahopin'" that I

would come and if I didn't she was 'lowing to have Hannibal write me about Dorinda's baby. The baby, it seems, has "an awful bad cold in its eyes and the matter jes runs from it all the time."

Remembering, in despair, my constant instructions to Dorinda, who is one of our "Friday cases," to be sure the granny woman puts drops in the baby's eyes as soon as it is born, I rush to her home and find, as I suspect, a "beautiful case" of gonorrheal ophthalmia. Jim is called from the field, the baby bundled up and rushed to the eye specialist in town.

Ten hours of "specialing" in the office with a crib hastily borrowed for the baby and a blanket on the clinic table to pillow my head on between irrigations—and the fight for one baby's eyes is only partly won. A little let-up in treatment the next day, by the doctor's orders, a painstaking realization of the importance of the treatment, his unskilled but determined efforts to "spell" me, and in two days he takes the baby back home, out of danger. I will see it twice a day, in the meantime he must go on irrigating the eyes every hour just as he has been doing. He'll do it, too, and be as proud as Punch of his skill. That baby "shore would-a went blind if he hadn't worked with it night and day."

There is something comforting and commonplace about a rut. The traveling is smoother in it—and you'll find that the faces along the road become more friendly every day as they watch you pass. The grape-vine telegraph of the mountains, that mysterious form of communication that sends rumor over immense distances in incredibly short periods of time, becomes your servant. When your rut is once established, your friends tell their friends and gradually the people who need you come to you, rather than hide when you go to them.

My people are a strange people, reserved and shy, sometimes cruelly suspicious of motives that they do not understand. You can make no abstract

appeal to them. They watch you—how they watch!—criticizing, blaming, praising. When they have watched you for a long time, they make up their minds about you. If you are friendly, genuinely interested in them, and theirs, they'll like you, and if they like you they'll go their whole length for you. What many of us forget is that the mountaineer is above everything—*deliberate*. His first reaction is suspicion and fear. Only time and infinite patience can win from him the liking without which his coöperation cannot be secured. We public health nurses are prone to expect our miracles to happen on the dot. We expect to revolutionize the world in a day, and forget, as I once heard a very wise man say, that "We can't reform the world in twelve months—and if we could, where would our jobs be?" Too often we grow dissatisfied, we feel that we are wasting our time, that the people about us are just stupidly content as they are, impossible to change. Far fields are greener—and we write a harassed State Board for a transfer.

And the new nurse who comes to take our place must start right where we started. In public health work, certainly in mountain public health work, there is no building on the other fellow's foundations. Here, more completely than anywhere else in the world, we have no individual existence, we are our work and our work is us, and we bless or damn it through the individual like or dislike we win from those about us. Let us sell ourselves to our people by plodding along day after day, doing our job as well as we can, making friends, striving always to understand more and to serve more.

So I say to each nurse in this work, make yourself a rut and stick to it. You'll find you are always having to extend the rut, that every day brings something of new interest, some tragedy, some joy that you must touch. You will find that eventually your rut will widen out and smooth down until you are traveling a long and golden highway straight into the hearts of your people.

## Honoring Dr. William H. Welch

THE entire medical world united on April 8 to celebrate the eightieth birthday of Doctor William Henry Welch of Baltimore. In Washington President Hoover, President Livingston Farrand, and Dr. Simon Flexner made the speeches of welcome and congratulations at a great meeting, and simultaneous ceremonies were held in many other countries. Dry point portraits of Dr. Welch, from an etching by Alfred Hutty, were distributed for this occasion to many institutions all over the world with which Dr. Welch has been connected. Never perhaps in medical history has there been such a spontaneous and universal celebration during the lifetime of an individual.

In his reply to the speeches at the Washington meeting, Dr. Welch with that unique combination of profound learning, undimmed enthusiasm, oblivion to the honors which have surrounded him, and personal charm, of which he is a master, said many notable things. He recalled that he had entered upon his professional career "in the middle seventies of the last century, before Lister had really triumphed by the general adoption of the principles of antiseptic surgery and just before the demonstration by Pasteur and by Koch of the causation of infectious diseases by microscopic germs," and dwelt upon the fact that the remarkable development of scientific medicine in this country since that time has been due to the improvement in medical education, with the accompanying facilities for instruction and research.

The greatest triumphs of modern medicine have been in the prevention of disease, although the physician's power to alleviate and to heal has also been greatly enhanced. It is perhaps not too much to claim that America has taken a position of leadership in the application of the new knowledge to the prevention of disease and to personal and public hygiene. . . . America is now paying the debt which she has owed so long to the Old World by her own active and

fruitful participation in scientific discovery and the advancement of the science and art of medicine and sanitation.

He ended by saying that as "his immediate, and doubtless final, professional interest is on the humanistic side of medicine" that he be permitted to emphasize the importance of studies in the history of medicine and science—applying the word "Humanism" to

"a period and to a spirit which released the mind from thralldom to authority and contributed mightily not merely to the study of antiquity but to the study of nature and of man, leading logically and rapidly to the cultivation of experimental science, between which and humanism as we understand and use the word, there is no incompatibility whatever."

It is pleasant to again record that Dr. Welch "from the first has emphasized that the success of the public health movement depends primarily on the nursing profession serving as public health nurses." \*

As long ago as 1916 in an address to the graduating class of the Johns Hopkins Training School for Nurses, Dr. Welch put into words what was little recognized at that time by nurses themselves, or indeed by the agencies employing them:

The public health nurse has become one of the very greatest agents in the advancement of health, both individual and public, in this country. The movement started as a voluntary one and now has become a recognized governmental or municipal undertaking. I might say in passing that that is often the best way to begin. As in the case of the tuberculosis nurses here in Baltimore, when the need of nurses in connection with the health work of the city had been demonstrated and become a necessity, it was pointed out to the authorities of the city that here was an association doing work which was not part of a private association, but which belonged to the municipal government. So strong an argument was made that there was no great difficulty about securing an appropriation for the establishment of this department.

\* Article by Charles P. Emerson, *THE PUBLIC HEALTH NURSE*, May, 1925.

## Record Keeping and the Industrial Nurse

By MARION PAGE, R.N.

The Richardson Company, Cincinnati, O.

ONE of the most important and yet by far the most neglected phases of industrial nursing is record-keeping. The value of adequate records cannot be over-emphasized, nor can too great stress be placed upon the necessity for absolute accuracy in filling them out. The majority of experienced doctors and nurses in industry are unanimous in agreeing that too little thought has been given to this subject.

I have examined many record systems, and thus far I believe there has been little attempt at standardization. Industrial nursing has lately come into the limelight, owing to the interest which is being taken by the National Organization for Public Health Nursing, and the survey\* of industrial nurses made by that organization last year. It is hoped that the standards of this type of nursing will develop and that considerable attention be given to the subject of records.

We all agree that records must be as simple as is compatible with adequacy and accuracy. If a nurse must struggle along under a burden of intricate and unnecessary detail work it stands to reason that some other part of her job must be neglected. This is neither desirable nor efficient. In the last few years I have observed a growing tendency to simplify record systems in business, and it has been my effort to deal likewise with my industrial hospital records.

### THE DAY SHEET

Almost every nurse in industry keeps a "Daily Page" on which she enters each call made at the hospital. At The Richardson Company the upper left portion of our daily page is kept for new industrial accidents. This includes, of course, the many minor injuries which the employees are trained to report immediately to lessen the

danger of infection. Notation is made in each case of the employee's name, department, injury (giving the exact location of same), cause of injury, and the treatment. If a doctor attends the case this fact is also noted, as is any additional information such as necessary hospitalization, X-ray, ambulance, etc., if the injury is severe enough to warrant special care.

The right upper portion of the page is for redressings. One of the minor but nevertheless important hazards in any paper industry is the danger of infection occurring in small paper cuts. This hazard can only be eliminated by keeping all skin abrasions properly covered. There can be no criticism of an industrial nurse's ethics for doing this type of retreatment. So-called first aid is insufficient, nor should a nurse pass up responsibility by neglecting to impress on the worker's mind the fact that he is running a grave risk of infection if he fails to return for redressings until his small cuts are entirely healed. In plants where there is no hospital department the percentage of infection cases runs high, with a resultant elevation of compensation costs.

The lower left portion of the daily page is reserved for new calls of a miscellaneous nature. Here are recorded new medical calls, questionable claims of industrial accidents, important notations which may be of value later in possible similar claims, reports of illnesses or operations necessitating loss of time, data of interest in case histories, outside accidents, etc. Although our standing orders are for "stat" treatments only in giving relief for minor medical conditions arising in the course of the day, it is often advisable for an employee to return to the hospital several times for observa-

\* The first returns are being published in this magazine, see March and April numbers.

## MONTHLY REPORT SHEET

Date.....

Physical Examinations .....

New Employees .....

Re-Examinations .....

Rejections .....

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.....New Accidents .....

.....Redressings .....

.....Total Surgical Calls .....

.....New Miscellaneous Calls .....

.....Return Calls .....

.....Total Miscellaneous Calls .....

Classification by Department	New Accident Cases	Lost Time Accidents	Week or Less	Over One Week	Man Days Lost	Classification by Department	New Medical Calls	Off Duty
<b>TOTALS</b>						<b>TOTALS</b>		
<i>Board Mill</i>						<i>Board Mill</i>		
Machine Rooms						Machine Rooms		
Beater Rooms						Beater Rooms		
Finishing and Shipping						Finishing and Shipping		
Roust						Roust		
Paster Room						Paster Room		
Mixer and Stillhouse						Mixer and Stillhouse		
<i>Box Department</i>						<i>Box Department</i>		
Press						Press		
Cutting						Cutting		
Glue and Shipping						Glue and Shipping		
Receiving						Receiving		
Suit Box						Suit Box		
<i>Service</i>						<i>Service</i>		
Power House and Elec.						Power House and Elec.		
Rep. and Maint.						Rep. and Maint.		
Laboratory						Laboratory		
Yard, Janitors, Watchmen						Yard, Janitors, Watchmen		
Transportation						Transportation		
Office						Office		
Classification by Type						Classification by Type		
<b>TOTALS</b>						<b>TOTALS</b>		
Incisions						Eye, Ear and Nose		
Abrasions						Throat		
Contusions						Respiratory		
Lacerations						Dental		
Punctures						Skin		
Burns						Boils		
Eye Injuries						Genito-Urinary		
Strains and Sprains						Abdominal, Gastro-Intest.		
Herniae						Specific		
Dislocations						Infectious, Contagious		
Fractures						Cardiac		
Splinters						Vaccinations		
Unclassified						Unclassified		

Man Hours Worked:  
Entire Plant

Outside Accidents .....

Outside Med. Cases.....

Home or Hospital Calls.....

Taken to Doctor.....

Accident Cases Continued into.....

Days Lost (Continued from.....)

tion purposes. These subsequent calls are recorded at the lower right of the page. It is easily seen that this daily arrangement of the hospital calls facilitates the making of the monthly report.

Each day a report of the preceding day's accidents is sent to the operating manager and carbon copies of the same to all department heads. This is for the purpose of keeping the management and the various superintendents informed of new accidents and their causes, and is most important in keeping the safety thought constantly before them, as well as in developing interest in the elimination, whenever possible, of the hazards causing these accidents.

#### INDIVIDUAL RECORD CARDS

Next comes the filing from the daily page to the individual record cards. A space is provided on the back of each employee's physical examination (8½ by 11½ inches) for accidents of definite industrial origin. Here also are noted the cause of injury, attending physician and industrial commission claim number (if any), and any other important information. Redressings are never filed as the record of them on the daily page is sufficient. While I am on the subject of physical examination cards I might state that the entire front of the card is covered by the first physical examination. Later examinations, either periodic or because of re-employment, are recorded with the physician's findings on the back of the card below the space reserved for industrial accidents. I have lately instituted a system of colored metal clips or tags denoting defects needing correction. Thus we have black for diseased tonsils, yellow for teeth badly in need of treatment, pink for defective vision, and so on. As these defects are corrected the tags will be removed, and a notation made on the examination card.

All miscellaneous calls as well as return visits are filed on a separate (5 by 8 inch) individual record card. As a card is filled it is numbered and put away in an inactive file, and a new card started in the active file. Also when a former employee returns to our em-

ploy his last card is brought back into the active file and continued. Thus we have a continuous record system, without the unpleasantness of too much bulk in handling the daily filing. The filing being completed, the daily page is locked in the Daily Hospital Record book.

For the past four years I have handled the industrial commission claims for the company. To eliminate keeping duplicates of the too easily torn industrial commission accident report forms we have small 5 by 8 inch cards, white for non-compensable cases and blue for compensable cases. Accidents necessitating the loss of time other than the remainder of the day on which the accident occurred are recorded in detail on these cards and kept in a separate lost time accident file for convenient reference. Claim numbers and awards for compensation or medical services are also filed on these cards as the notices are received from the state industrial commission.

#### REPORTS TO THE MANAGEMENT

The subject of files having been disposed of we can go on to reports to the management, for an informed management is far more coöperative than one merely willing that a hospital department should exist and kept in ignorance of what is going on. The copy of our monthly classification of hospital calls is self-explanatory. This report is sent each month to the operating manager, and attached to it is a "Summary of Lost Time Accidents" giving full information concerning each accident. This provides material for discussion at the succeeding monthly safety meetings.

Every six months a full report is sent in, summarizing the information obtainable from the monthly reports, and from these semi-annual records is obtained all data necessary for the yearly report. The frequency and severity accident rate is computed—the "total man hours worked" figures having been received each month from the time-keeping department. Comparisons are made with accident records of preceding years. Charts are

made showing the gradual decrease in lost time accidents, and these charts are studied and analyzed by the operating manager.

#### TIME INVOLVED

The filing from the daily page can be done by my clerical worker and hospital aide in about an hour's time. The making of the daily accident report to the operating manager and the department heads takes from a half hour to an hour of her time each morning according to the number of the preceding day's calls. All records concerning industrial commission reports, claim numbers, awards, etc., as well as the making of monthly, semi-annual and annual reports, I prefer to handle

myself. The time consumed is negligible. We do not go in for a lot of fancy statistics. Our records are simple, easily understood, and sufficiently complete for all practical purposes. Later I plan to make a few simple changes in our record cards, but the general plan will remain the same.

Although the management never in any way interferes with the running of the hospital department we try to have available as complete a picture of hospital activities as possible, not only as a matter of necessity but in order to retain the interest and coöperation of the officers of the company in the work being done to promote safety and health.

#### REPORT OF THE NEW ENGLAND HEALTH INSTITUTE

More than 1,500 people interested in the health and welfare of the public gathered in Boston for the week of April 14 to attend lectures for their own information, and continued education, to compare their methods with those of their neighbors in New England and to profit by the inspiration which comes from hearing the latest scientific developments in public health presented by experts in the field. Social workers, public health nurses, nurses, nutritionists, health educators, statisticians, health officers, dentists, and physicians, made up the audience. Although special sections were provided for each group it was understood and expected that any section was open to an attendant of the institute and this privilege everyone observed.

Reviewing the week of meetings—there were over 100 scheduled—from the standpoint of the public health nurse, certain peaks of interest rise above the general high level of thoughtful material presented.

There appeared to be an enthusiastic effort to build our health programs on the basis of the patient's needs; by individualizing his problem and responding to it with whatever public health experience was at hand. This was particularly evident in the discussions on rural social service work, where the public health nurse must in many cases act as a social case worker, and in scattered fields of public welfare, where the social case worker must play the part of follow-up nurse on sanatoria cases, arrange for the care of chronics, and the like. While we are no nearer knowing the exact line between the professional groups, we have come far in the knowledge of the objectives of each other's work, and in placing the need of the patient above all professional distinctions.

The prevalence of the spirit of mental health—if one may call it so—was evident throughout the meetings. A great surgeon stressed the importance of the approach to the patient in preparing his mind for a cancer operation, a nutritionist pleaded for patience in convincing a family that fresh vegetables and milk are better than meat and sweets for children—"it takes time to change mental attitudes toward food"—a public health nurse asked if we were sure that our message of health met the family level of intelligence, economic status and racial background, and whether our message really did change habits or was just a fine display of our own knowledge! The medical social worker saw a patient leave a hospital cured of the self-inflicted gunshot wounds—the result of attempted suicide—but she questioned whether the mental disease back of that act was cured?

One went away feeling the importance of the problems around us, weighed down a little perhaps by the magnitude of the field and the inadequacy of one small human being to compass it, but at the same time, with a renewed sense of progress in the science of public health, renewed faith in the soundness of our combined efforts, and a reassurance that while our work overlaps here, falls short there and at times seems too complex to understand, the goal is still there—as simple and clear as ever before—to respond to the need of the individual patient or family to the best of our ability.

*Dorothy Deming*

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## BOARD AND COMMITTEE MEMBERS' FORUM

*Edited by* VIRGINIA BLAKE MILLER

Board Member, Instructive Visiting Nurse Society, Washington, D. C.

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### RESPONSIBILITIES AND DUTIES OF ADVISORY BOARD MEMBERS \*

*From the Lay Person's Point of View*

BY AGNES DONALDSON, Board Member, Visiting Nurse Association,  
Colorado Springs, Colorado

Probably this subject has been given space because those of us who are working either with boards, or on boards, are thinking about our relationships, considering in what ways staff and board can best accomplish the job they have undertaken together. Perhaps this job is one of child health, or tuberculosis, or more general public health—but whatever it is, the “advisory board” probably knows, too often rather indefinitely, of the particular community need to meet which their organization was formed.

At once the question arises: Why have these “lay people” become board members? And advisory board members—was their motive to advise? Advise the employed professional, or the community, or both? I have recently been asking a number of people—some board members, some employed professionals, some really “lay people”—what they thought were the motives people had in becoming board members. There have been many different answers. I learned that it was because the person had some special hobby, or interest, because they were “uplifters” or “lady bountifuls,” because they were seeking social prestige, because such membership offered an outlet for a “will to power,” because they did not know what to do with their time, and were seeking diversion, or because of a genuine interest in social progress. I am an optimist enough, even though I am an employed worker under an ad-

visory board, as well as a board member, to believe that a genuine interest in social welfare is the primary motive of the majority of board members.

The boards which exist today have not always used this motive, sometimes have not given much opportunity for its expression or development. It is easy for meetings to become dry routine where the “human touch” with all its vividness is lost. In choosing board members the harrowing question of the organization's finances and its budget must be considered. Their ability to give financial help themselves, or get others to give, is an important question, but one which we must not let overbalance other qualifications. And, anyway, how can we give expression to these altruistic motives without meddling?

#### OUR PURPOSES

What then are the purposes of our boards? Why have these individuals with desires for social betterment come together? Is it not because we believe today in the scientific method—in getting the expert, the specialist, to do the jobs which years ago were done by kindly neighbors, relatives, or midwives, or were not done at all? Today this is a generally accepted standard throughout our country, and the first definite responsibility of an advisory board is to make this service of experts accessible. Opportunity for health is thought of as one of those illusive “inalienable rights” of all people, and

\* Given at meeting of Colorado Springs Nurses Association, February 14, 1930, Colorado Springs.

with board membership comes a trust to help make good health and care available.

This trust necessitates a reliable financial status, a business foundation, and a pledge that money for expenses will be forthcoming at the proper time. Boards are responsible for the executives of the organizations, and should see that their employment is arranged by definite contracts. It almost goes without saying that an acceptance of professional ethics should be understood by both board and staff.

The use of professional service implies at once a delegation of work to a trained person, wherein lay board members cannot expect to advise. The board members' failure to accept this has in the past been a cause for frequent misunderstanding and difficulty. The routine detail of work is not the board member's responsibility. It has been delegated to a trained employee, and no attempt should be made to dictate in this field. There may, of course, be exceptions to this, but I cannot think of any. I definitely believe that the board members should trust the professional worker's judgment sufficiently to allow her to arrange her own work. If she has not this trust she should not be employed. I believe that it is only under such circumstances that a worker gives her best.

This does not mean that the board member should not be in close touch with the work of the organization. She (I am using feminine terms because I believe women predominate on boards of health agencies in Colorado) should, on the contrary, know the work in sufficient detail to understand policies needed, and be able to interpret them. She should be conversant with her own agency, and able to relate its work to that of her community.

#### LOCAL PROBLEMS

We who live in Colorado have definite health problems. A large per cent of our population are health seekers; we have many unorganized rural communities; we have no State Board of

Public Welfare. There are varying local problems of overworked county physicians with huge territories, the problems of hospital or sanatorium care, problems of the advantages or dangers of free clinics, and many more such problems. Nurses who are the specialists are constantly aware of the community needs or lack of facilities, but how seldom is it possible or practical to leave the specialized task to work out the larger community need? Board members should be able to help here, but frequently there is hesitation in acquainting them with the situation because of a fear they may act without a real knowledge of the situation, and thus cause more trouble than good. Such board members have not been meeting their responsibilities, nor fulfilling their duties.

#### FURTHER EDUCATION

Speaking as a "lay person," I must implore the professional worker in the organization with which I am connected—implore her for patience, and for help with my education. I find that monthly board meetings do not educate me sufficiently. I would like to be assigned some special committee work, and to have some informal talks with the staff, when they would tell me conditions as they find them, and suggest things for me to read. Later, if I become a good board member, perhaps I may find some interesting reading myself, along our line, which I will then tell the staff about.

A recent statement of the American Association of Social Workers in the Milford Conference report defines the duties of an advisory board as follows:

Appointment of the chief executive officer, full financial responsibility and budgetary control, the formulation and approval of general policies, and scrutinizing of the work of the organization by means of regular reports from the chief executive officer.

That is a clear summary, but I believe the ideal advisory board will go beyond this, and develop a broad social vision, which it will, little by little, interpret to its community.

ONE DAY INSTITUTE BOARD AND COMMITTEE MEMBERS' SECTION,  
RHODE ISLAND STATE BRANCH

The one day Institute for the Board and Committee Members' Section of the Rhode Island State Branch of the National Organization for Public Health Nursing was held in Providence on March 27, 1930. Seventy-one members were present. Two national organizations were represented and the City and State Board of Health.

Miss Sara Carroll, President of the Rhode Island S.O.P.H.N., welcomed the delegates and then turned the meeting over to Mrs. W. W. Weeden, the Chairman of the Board and Committee Members' Section.

The chairman spoke briefly on the subject of holding the interest of the section during the year. She did not feel that one Institute a year was sufficient to hold interest and asked the members to consider holding other separate meetings or joining with the nurses at the quarterly state meetings. She also stated that there seemed to be a misunderstanding in regard to the Board Members attending these latter meetings, that some had felt they were not supposed to attend. The Board and Committee Members' Section has 68 members and the largest attendance at any one meeting was not more than 11. No definite decision was reached.

Miss Evelyn K. Davis, Assistant Director, National Organization for Public Health Nursing, and Secretary of the Board and Committee Members' Section, then spoke on "How Board Members Are Meeting Their Responsibilities." Since Miss Davis' appointment she has had an opportunity to meet with many nursing organizations throughout the country and observe the problems in each, so she is well qualified to speak on this subject.

The question box followed. A list of the questions and a brief summary of the discussion are attached to this report.

Immediately following luncheon a clever and instructive playlet was given through the courtesy of the Providence District Nursing Association, "Then and Now," which depicted the nurse of thirty years ago making her visit, and the up-to-date nursing visit, showing the improvement in technique.

Mrs. C.-E. A. Winslow, President of the New Haven Visiting Nursing Association, opened the afternoon session, taking as her subject the "Board and Staff." She laid particular emphasis on the importance of choosing the right people for the board, the education of board members so that they would eventually have something to contribute and the necessity of giving each one a specific piece of work to do in order to hold interest and make each feel that she was a working unit of the organization.

An interesting fact at this institute was that as the questions came up for discussion, almost without an exception they were answered by the board members themselves from the floor.

SOME OF THE QUESTIONS ASKED IN THE QUESTION BOX WITH SOME OF  
THE ANSWERS

1. What is the custom in regard to paying expenses of director and staff when attending conventions or important local meetings?

The majority stated that there was allowance for this in their budgets and all felt it was most important for the nurses to attend meetings which would be educational.

2. Which is considered to be more satisfactory, to have the cars used by the organization in charge of a board member, or the field supervisor?

A good many organizations have a committee whose responsibility is to attend to everything connected with the car. Some had one person appointed to attend to this. It seemed to be the consensus of opinion that it was wiser to do this, rather than have it in charge of the nurse. Some organizations had nurses who owned their own cars and were paid a flat mileage rate.

3. What is the average charge for a nursing call?

The average seemed to be 75 cents. Many had had cost per visit studies made, others were in the process of having this done.

4. Do the majority of nursing organizations have a medical advisory board? If so, does it tend to produce a more cordial relationship between the physicians and the organization?

The majority of those organizations represented did not seem to have medical advisory boards. There was a very strong opinion among those who did have medical advisory boards that it was most advantageous to the organization.

5. What is the best way to come in contact with the Health Department?

The majority felt it was well to have the health department represented on the board of the nursing organization.

6. When friction arises between a nursing organization and the medical profession, how should the situation be handled?

It was felt that the medical advisory committee was the solution of this problem.

7. Are standing orders needed in a small town where there are only two doctors?

It was interesting to note that few of the delegates understood what was meant by standing orders. About 7 out of the 16 organizations present had this arrangement. It was the opinion that all organizations should have standing orders.

8. How often should meetings be held? Board? Committees?

Board meetings should be held once a month. Committee meetings should be held sufficiently often to take up problems. This would vary in different places. In a large nursing service, the committee would probably be obliged to meet twice a month.

9. Is it customary to introduce new staff nurses to the field even though the nurse has had experience in other organizations?

Consensus of opinion that this should be done.

10. What is a board to do when the staff seems unhappy with its superintendent or head nurse?

A committee should be carefully selected to go into all sides of the problem and if necessary make recommendations to the board to remove the superintendent.

11. In a rural territory where there is no trained social worker, how much time should the public health nurse devote to social problems?

General opinion that the nurse was forced to devote a good deal of time to social problems, and some felt the nurses were overtaxed with these problems. The idea was presented of having a social service committee appointed to work with the nurse. There was no decided expression of opinion as the subject was a new one and required very careful thought.

12. Do your nurses keep well and efficient on eleven consecutive months of work a year?

A long weekend once a month seemed to be a relief method used by most of the organizations.

#### BOARD MEMBERS INSTITUTE, SYRACUSE, N. Y.

The program offered on April 8 proved very interesting to the 100 or more members who attended. Delegates came from Rochester, Utica, and other cities.

The following questions were considered:

The Education of the Board Member and Her Responsibility—Mrs. Stewart Hancock, President, Visiting Nurse Association, Syracuse, presided.

From the Point of View of a Local Nursing Association—By Mrs. Henry K. Chadwick, Syracuse.

From the Point of View of the National Organization—Miss Evelyn K. Davis, Associate Director, N.O.P.H.N.

The necessity of board members familiarizing themselves with the policies and activities of the association was emphasized. Every board member should be given an actual task. Greater interest develops when this is the case. Having a question box will provide good ammunition for the Educational Committee.

Mrs. Harold Dyke, Board Member, Visiting Nurse Association, Syracuse, gave interesting points on the perennial question of Finance:

Knowledge of method of apportioning association budget.

Knowledge of how much of a budget is necessary for activities promised the public by the association through their policies.

How to raise a budget—How to build up an endowment (in some Community Chest cities this is not allowed—Rochester).

Mrs. D. N. Crouse, President, Utica Visiting Nurse and Child Health Committee, presented the question of Publicity and outlined the following points:

Responsibility of each board member to disseminate the work of the association through friends, clubs, churches, groups, use of the newspaper, posters in shop windows, schools, industries, radios, report of old and new activities to the local Academy of Medicine and Chamber of Commerce, use of fliers to local physicians announcing new activities, and personal contact with local lawyers, interesting them in the work of the Association, leaving a form to be used for bequests.

The use of Volunteer Service was discussed by Mrs. Wm. J. Baker, Rochester, and also by a member from Syracuse. Both these cities have a fine corps of volunteers carrying on many kinds of work such as motor corps, hospital aides, making up dressings, layettes, etc.

The Board Member's Responsibility for the Education of the Student Nurse was discussed by Mrs. E. L. Robertson, Chairman Syracuse Lay Committee, Public Health Nursing Service.

Mrs. G. Brown Miller, Vice-President, Instructive Visiting Nurse Society, Washington, gave an excellent talk on the Responsibility of Board Members to the National Organization—and brought out the following four points:

Corporate membership for each organization on the full percentage plan.

Individual subscription of board members to THE PUBLIC HEALTH NURSE magazine and interest in making use of it.

Attendance at Biennial meetings.

Individual membership in N.O.P.H.N.

The questions from the question box were discussed after luncheon. Some of these were as follows:

Should men be included on a public health nursing board? Yes. Great help is obtained from such representative men as lawyers, newspaper men, publicity, Kiwanis, etc.

Are conference and clinic physicians paid? Usually. The Syracuse Department of Health pays for some of their clinics, in others the physicians give their services as part of their teaching to the medical students.

Should expenses of board members to convention be paid by the association? A definite part of budget should be allowed for traveling of board members, as is allowed for the staff.

At a recent meeting of the Connecticut State Conference of Social Work a Round Table for Board Members was arranged. The following questions were discussed: What are the Responsibilities of a Board Member?—What does the Professional need of a Board Member?—The Obligations of a Board Member to the Professional Staff—How can a Board Member Educate Herself?—How May a Chairman Get Group Thinking and Coöperative Action out of his Committee?—Obligations of a Board Member toward Other Agencies—Local and National—Obligations of a Board Member to the Community.

The General Federation of Women's Clubs has had, for many years, a Department of Public Health of which Mrs. Sadie Orr Dunbar of Portland, Oregon, is now Chairman. Under this Department there are many divisions. The division which is of particular interest to the Board and Committee Members' Section of the N.O.P.H.N. is the one stimulating Community Health Studies.

The division has carried on a Community Health Study Campaign for four years and some 300 local Federations of Women's Clubs have made health studies of their communities. To promote this study, health institutes have been organized in some states where the benefits of community studies are outlined and a discussion of the schedule to be carried on is held.

This presents an opportunity for members of the Board and Committee Members' Section of N.O.P.H.N. to coöperate with the local or state Federations of Women's Clubs in a very definite way. If a study has been made in your community, it will be helpful for you to read the findings and offer assistance in carrying out the recommendations advised. If no study has been made, you may be able to stimulate the Women's Clubs to undertake one, and where no Federation exists, it may be possible for your Board to use this schedule, recommended by the General Federation for a community health study, and conduct one of your own.

## REVIEWS AND BOOK NOTES

Edited by A. M. CARR

### HOME NURSING AND CHILD CARE

By C. E. Turner, M.D., Dr.P.H., Nell  
Josephine Morgan, R.N., and  
Georgie B. Collins

D. C. Heath and Company, New York, 1930

One of the Malden Health Series for upper junior high school and lower senior high school girls. It is based on ten years experience in classes in home nursing, child care and first aid taught by a nurse. Because of the good arrangement of material it should be useful to other nurses as a text or reference book for similar courses for girls or women. A chapter on nursing as a profession is included.

HORTENSE HILBERT

### PEDIATRIC NURSING

By Gladys Sellow

W. B. Saunders Co. 2nd Edition. Price \$2.50

This is a revised edition of Miss Sellow's book, first published in 1927. The well child is given consideration as well as the sick child, and the book has a wealth of information, valuable to the nurse in public health work as well as for students in schools of nursing for whom the book is primarily written.

### PARENT'S BOOKSHELF

WEST, MRS. MAX. *Child Care*. Children's Bureau.

THOM, DOUGLAS A. *Child Management*.

Children's Bureau, Department of Agriculture, Washington, D. C.

AMERICAN CHILD HEALTH ASSOCIATION. *The Runabouts in the House of Health*.

American Child Health Association, 1923. \$0.15.

GRUENBERG, SIDONIE M. *Your Child Today and Tomorrow*. \$1.75.

GROVES, ERNEST R., AND GRACE HOAGLAND. *Wholesome Childhood*. \$1.75.

GRUENBERG, BENJAMIN C. *The Parent and Sex Education*. \$1.00.

FOOTE AND WALSH. *Safeguarding Children's Nerves*.

A non-technical discussion by two doctors of wide experience, of the child's physical and mental well-being. Illustrated and very readable. \$2.00.

MILLER, H. CRICHTON. *The New Psychology and the Parent*.

Recent conceptions of psychologists as they bear on the understanding and development of children. The book also contains a sane presentation of the Freudian psychology as it relates to children. Thos. Seltzer, New York, 1923. \$1.75.

LUCAS, WILLIAM PALMER. *The Health of the Runabout Child*.

A handbook for parents, giving suggestions concerning the physical, mental, and moral training of the preschool age child. Macmillan, 1923. \$1.75.

### THE COURAGEOUS ONE

(From The New Yorker)

I looked a mountain in the face,

And never faltered;

I put a river in its place,

Courage unaltered;

I flew the pathways of the sky,

Mildly amused that I might die.

I thumbed my nose when clouds went by.

And then they took me, bold and glib,

To see a baby in a crib—

They led me forward, brave and grinning,

To see a person just beginning.

I plainly saw how true it was,

How extra small and new it was,

And there it breathed, and there it lay:

And THAT was when my knees gave way.

E. B. W.

The Children's Bureau has just published an *Analysis and Tabular Summary of State Laws*—Relating to the Jurisdiction of Children's Cases and Cases of Domestic Relations in the United States, by Freda Ring Lyman. This very valuable document can be obtained from the Government Printing Office, Washington, for 10 cents.

The John Hancock Mutual Life Insurance Company has just brought out a handy little booklet, *Home Care of Communicable Diseases*, admirably concise and simple.

CAMERON, H. C. *The Nervous Child.*

The child who is difficult in such matters as right feeding, restful sleeping, and pleasant contacts with other children may be brought into a harmonious relation with his environment through suggestion, according to this English writer. Oxford Medical Publication, 1924. \$2.30.

O'SHEA, M. V. *The Child, Its Nature and Its Needs.*

Takes child through school to adolescence. An excellent reference book for mothers and should be on every family bookshelf. May be obtained from The Children's Foundation, Valparaiso, Indiana. \$1.00.

HAVILAND, M. S. *Character Training in Childhood.*

Dependable advice on the physical basis of a sturdy character, on the value of early habit forming and on development through work, study, and play, which meets the mother on her own ground. \$2.00.

BEARD, LINA. *Little Folks' Handbook.*

Practical suggestions for the use of simple materials in making toys. \$0.90.

BLANTON, SMILEY, AND MARGARET G. *Speech Training for Children.*

A practical guide in the development of the speech faculty, which is designed to promote good speech in the normal child during his first years as well as to offer corrective exercises for the defective child. Written for the parent rather than the teacher. \$1.50.

BLANTON, SMILEY, AND MARGARET G. *Child Guidance.*

A practical aid in dealing with day to day problems as they arise, from birth through the years of growing up. \$2.50.

THOM, DOUGLAS A. *Everyday Problems of the Everyday Child.*

A simple, helpful book for parents with emphasis upon the mental side of child life, based upon a broad experience with parents and children. \$2.50.

SEHAM, MAX, AND GRETE. *The Tired Child.*

A thorough study of the fundamental principles underlying work and fatigue. \$2.00.

FAEGRE, MARION L., AND ANDERSON, JOHN E. *Child Care and Training.*

Minneapolis Infant Welfare Society

At last an authentic history of The International Council of Nurses is available. It has been prepared by Miss Margaret Breay in collaboration with Mrs. Ethel Gordon Fenwick and is published in the October, 1929, and March, 1930, issues of *The International Nursing Review*. Written by the two women—one the founder of the Council—who have most closely followed its fortunes since its conception, this has been a labor of love, as well as an admirable piece of research into old sources of information. The Council is fortunate in having this record available.

We note in that interesting publication *The World's Health* that the Spanish Red Cross has created its first service of Visiting Nurses. Also that the Japanese Red Cross possesses visiting nurses and visiting midwives.

The Greek Red Cross Society, on recommendation of the League of Nations Commission, has undertaken a six months' course for graduates of the

Red Cross School of Nursing leading to a certificate in public health nursing. Until such time as there are enough of these graduates to manage the public centers created by the Commission, public health nurses' aides will be given a special six months' course. Two Greek nurses at present studying at the Paris School of Child Welfare will visit European Public Health Centers this summer so as to be better prepared to further this plan.

The Chicago Heart Association, Inc., 1208 N. Wabash Avenue, Chicago, Ill., has the most clear, simple, and comprehensive little leaflet of advice to mothers on *The Heart of a Child*. We suggest sending for it.

*The Child Health Bulletin*, published by the American Child Health Association, May, 1930, has an article on Serums and Vaccines in Infectious Disease Prevention by William H. Park, M.D., which would make splendid "talking points."

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## NEWS NOTES

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To perpetuate the service of the American nurse in the World War, it is proposed to place the portrait of a nurse in the American Legion Memorial Building, recently dedicated by the National Commander of the American Legion, and situated at 49 Rue Pierre-Charron, Paris, France.

The portrait of Jane A. Delano has been selected to represent a memorial to the valor, sacrifice and service of the American nurse in the World War. It goes without saying that a portrait to be accepted for this building must be the work of an artist of recognized ability. The Jane A. Delano Post No. 6 of the American Legion, Department of District of Columbia, is sponsoring the movement for the raising of a fund sufficient to procure a portrait of which every World War nurse will be proud.

As this tribute is one in which Red Cross, as well as Army and Navy nurses can feel interested, the Post urges that all who are interested contribute as soon as possible in order that this movement may go forward promptly. Your check or money order should be made payable to the "Jane A. Delano Portrait Fund" and mailed to Miss Marjorie Woodzell, R.N., Commander Jane A. Delano Post No. 6, 21 Fairfax Place, Clarendon, Virginia.

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The presentation of certificates to the students of the International Courses of the League of Red Cross Societies will be held on July 11th at Bedford College, London. This marks the termination of the tenth course in public health for nurses and sixth course for nurse administrators and teachers in schools of nursing. The present class numbers sixteen students from Austria, Bulgaria, Canada, Estonia, Finland, France, Great Britain, Greece, Hungary, India, Lithu-

ania, Mexico, Poland and South Africa. The Honorable Sir Arthur Stanley, Chairman of the Executive Committee of the British Red Cross Society, will preside, and Miss Margaret Bondfield, M.P., Minister of Labor, will present the certificates.

One hundred and sixty-four students from forty countries have already completed one or the other of the courses. They have formed the Old Internationals' Association of which Miss Méchelynck, Belgium, is president and have their own News Letter, published three times a year. The annual dinner of the Old Internationals' Association will be held the evening of the presentation of certificates and it is expected that a number of the old students will return for the event.

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The New Jersey Department of Public Instruction, Division of Physical and Health Education is offering courses designed for school nurses at the Ocean City Summer School, June 30-August 2. A group of three courses—school nursing principles and methods of health and safety education, and principles of education will be offered. Full particulars may be had from the state department in Trenton.

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The Annual Scientific Meeting of the American Heart Association will be held on June 24, 1930, at Detroit, Michigan.

In 1929 the Michigan State Medical Society and the Michigan Department of Health, through its Bureau of Child Hygiene and Public Health Nursing, completed a Maternal Mortality study of 1,627 deaths of mothers from causes connected with childbirth, which occurred during a period of two and one-half years. They are now making a study of a similar number of birth in which the mother survived.

The Annual Convention of the California State Nurses' Association will be held jointly with the California Organization of Public Health Nursing and the League of Nursing Education, July 7-11, 1930, in San Diego.

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In the hope of reducing the high maternal mortality rate and also the infant mortality rate the Michigan Department of Health is carrying on an educational program in the smaller towns and rural communities through women's classes conducted by a physician and nurse. These classes consist of lectures and demonstrations of prenatal, natal and postnatal care of the mother and care of the infant through the preschool age.

Child care classes are given in the public and parochial schools on the care and feeding of the baby through the preschool age. These classes are taught by graduate nurses to the junior high and high school girls.

Demonstrations of prenatal nursing have been carried on for a number of years by the department by placing a nurse in a county for a period of one year to do prenatal nursing exclusively. The nurse is paid by this department but works under the direction of the local physicians entirely, carrying out the various physicians' orders.

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Abnormal conditions of the eyes were found among 21 per cent of the kindergarten and nursery children examined in a four year study of the vision of preschool age children in New York City recently completed by the National Society for Prevention of Blindness.

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The regular Convention of the International Society for Crippled Children for 1931 will meet in Cleveland, Ohio. The Second World Conference on the Cripple, similar to the one held in Geneva in 1929, will be held at The Hague in the Netherlands, some time in 1931. The dates for these two con-

ventions are not known at this time. Plans are being worked out to hold the biennial meeting of the National Rehabilitation Association and the Federal Board of Vocational Rehabilitation and the Annual Meeting of the Ohio Society for Crippled Children, at Cleveland in connection with the Tenth Annual Meeting of the International Society.

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The Fourth Public Health Institute will be held at the Massachusetts Institute of Technology from June 23 to July 12, 1930.

The Public Health Institute is designed to bring to the attention of health officers, public health nurses, laboratory workers, and sanitary inspectors the latest information and practices in public health through lectures, demonstrations, inspections, and informal discussions. In addition, the opportunity to meet frequently with other members of the profession for intimate and detailed discussion of one's daily problems is in itself illuminating and rewarding. Further information may be obtained from the Massachusetts Institute of Technology, Cambridge, Mass.

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#### APPOINTMENTS

The Joint Vocational Service sends us the following appointments:

Amy Cowan as supervisor in the Instructive Visiting Nurse Society, Washington, D. C.

Esther Fairchild, nurse at Amherst College, to serve in the Housatonic Camps, Canaan, Conn., for the summer.

Mrs. Gwendoline Leland as industrial nurse, General Cigar Company, New Brunswick, N. J.

Mary Leonard as orthopedic nurse with the New York State Department of Health.

Mrs. Flossy Myers and Zelle Pattee as teacher-nurses in the public schools, Newark, N. J.

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#### A CORRECTION

The summer course given by Miss Maud Brown at the University of Minnesota on Methods of Health Teaching in Schools will extend over a period of six weeks instead of one week as previously announced.

# WHY RISK TYPHOID?

## 20 Times More Dangerous Than Lightning!

☐ Typhoid kills one out of every ten attacked. Those who recover are left in such a weakened condition that for two or three years following an attack, the deathrate among them is twice the normal rate. Sometimes typhoid leaves after-effects from which the patient never recovers.

☐ Most cases of typhoid are contracted by people away from home—touring, hiking, camping, traveling. The disease is caused by eating or drinking something contaminated by typhoid germs. Water that tastes delicious and looks crystal clear, or raw milk and uncooked foods may carry the disease. If you swallow enough typhoid germs and are not immunized, typhoid fever is almost certain to develop.

☐ But you need never have typhoid fever. It is one of the few preventable diseases.

☐ By means of three simple, painless inoculations—entirely safe and leaving no scar—your doctor can make you immune from typhoid fever for two or more years. The United States Government tests and approves all typhoid vaccine before it reaches physicians.

☐ Before you start on your summer outings in the country consult your physician as to the advisability of being inoculated. Make sure that typhoid will not claim any member of your family. Metropolitan will mail free its booklet, "The Conquest of Typhoid Fever." Ask for Booklet 6-N.O.



*Metropolitan Life Insurance Company*

Frederick H. Ecker, President

One Madison Ave., New York, N. Y.

*In responding to an advertisement say you saw it in The Public Health Nurse*